



**SOFT COATED WHEATEN TERRIER RESCUE OF  
SOUTHERN CALIFORNIA  
SURRENDER APPLICATION**

The information requested here will help the Soft Coated Wheaten Terrier Rescue of Southern California understand the needs of your Wheaten Terrier and will aid us in seeking and selecting the best possible permanent home for the dog.

Please provide accurate and detailed information below. **Please Note: All questions must be answered for us to acknowledge your application request.**

Current Owner (s) \_\_\_\_\_

Dog's Name \_\_\_\_\_

AKC Registered Name (if registered with AKC or UKC) \_\_\_\_\_

AKC Number \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Spayed/Neutered \_\_\_\_

Microchip Brand \_\_\_\_\_ and number \_\_\_\_\_

**Why are you surrendering your Wheaten? (Please check all that apply and provide supporting comments)**

**Temperment**

Anxiety Issues \_\_\_\_\_

Fearful of:      Men \_\_\_\_      Women \_\_\_\_      Children \_\_\_\_  
                      Teens \_\_\_\_      Strangers \_\_\_\_      Other Dogs \_\_\_\_

Aggressive  
Toward:      Men \_\_\_\_      Women \_\_\_\_      Children \_\_\_\_  
                      Teens \_\_\_\_      Strangers \_\_\_\_      Other Dogs \_\_\_\_

Bitten:      Men \_\_\_\_      Women \_\_\_\_      Children \_\_\_\_  
                      Teens \_\_\_\_      Strangers \_\_\_\_      Other Dogs \_\_\_\_

**Supporting comments regarding temperment issues** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Behavioral**

Excessive Jumping \_\_\_\_\_ Excessive Barking \_\_\_\_\_ Digging \_\_\_\_\_  
House Soiling \_\_\_\_\_ Leash Pulling \_\_\_\_\_

Has your dog had any obedience training? \_\_\_\_\_

Is your dog comfortable: **Please answer yes or no. If no, please explain.**

During grooming? \_\_\_\_\_

Riding in a car? \_\_\_\_\_

In a crate? \_\_\_\_\_

Around other dogs? \_\_\_\_\_

Around young children ? \_\_\_\_\_

Around Toddlers? \_\_\_\_\_

**Health History**

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Current Health Concerns \_\_\_\_\_

Medications:

Dosage:

Frequency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Health Concerns \_\_\_\_\_

Vaccinations and other meds:

Date Administered:

Rabies

\_\_\_\_\_

Bordetella

\_\_\_\_\_

Da2pp

\_\_\_\_\_

Canine Influenza

\_\_\_\_\_

Flea Treatment Brand \_\_\_\_\_

\_\_\_\_\_

Heart worm Brand \_\_\_\_\_

\_\_\_\_\_

Vaccination (including heart worm and flea medicines) and Health Records must be received by (SCWTRSC a 501c3 corporation) at or before the time of surrender. Please have your veterinarian email or send copies to the rescue coordinator.

**Home Life History**

Where did you get your Wheaten? (Please provide name (s) if known)

Shelter \_\_\_\_\_ Pet Store \_\_\_\_\_

Rescue \_\_\_\_\_ Breeder \_\_\_\_\_

Where does your Wheaten spend the day?

\_\_\_\_\_  
\_\_\_\_\_

Where does your Wheaten sleep?

\_\_\_\_\_  
\_\_\_\_\_

What brand of food does your Wheaten eat?

\_\_\_\_\_  
Serving size \_\_\_\_\_ Feedings per day \_\_\_\_\_

**To the best of my knowledge all information provided is accurate.**

Relinquishing Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature Owner \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature Co-Owner \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please send / give this Surrender Application To:

Jeanine Flavell  
Rescue Coordinator  
email [jeanineflavell@gmail.com](mailto:jeanineflavell@gmail.com)

**We appreciate a tax deductible donation of \$150 to help defray the costs involved in placing the dog. Please make your check payable to:  
SCWTRSC (A 501c3 Corporation)**