**Questionnaire to Rehome a Bouvier**



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| --- | --- | --- |
| **Why does this Bouvier need re-homing?** | | |
| Bereavement | Yes | No |
| Serious illness | Yes | No |
| Family Circumstances change | Yes | No |
| Behavior of the Bouvier{If yes please give more detail in box below} | Yes | No |
|  |  |  |
|  |  |  |
| About the Bouvier… |  |  |
| Pet Name: | D.O.B |  |
| Is this Bouvier house-trained? | Yes | No |
| Does he/she suffer from travel sickness? | Yes | No |
| Is he/she sensitive to fireworks or other loud noise? | Yes | No |
| Is he/she neutered or spayed? | Yes | No |
| Does he/she live with children? | Yes | No |
| Is he/she use to children visiting? | Yes | No |
| If yes to either of the 2 question above please state ages: |  |  |
| Is he/she used to other dogs? If yes please state breed + age below | Yes | No |
|  |  |  |
| Is he/she used to cats? | Yes | No |
| Is he/she used to other pets? | Yes | No |
| If yes please specify: | | |
| Does he/she guard food or toys? | Yes | No |
| If ‘yes’ explain |  |  |
| Does he/she beg at table? | Yes | No |
| Is he/she used to a garden? | Yes | No |
| Does he/she dig holes in the garden? | Yes | No |
| Is he/she an escape artist? | Yes | No |
| Does he/she walk calmly on a lead? | Yes | No |
| When off lead does he/she come when called? | Yes | No |
| Is he/she noisy (bark a lot)? | Yes | No |
| Is he/she used to stairs? | Yes | No |
| Has he/she ever bitten anyone? | Yes | No |
| If ‘yes’ to bitten please add details below. |  |  |
|  | | |

*Please help us to help the Bouvier by filling in all the details you can.*

Documents

|  |  |  |
| --- | --- | --- |
| Do you have the vaccination documents? | Yes | No |
| Do you have the pedigree? | Yes | No |
| Do you have the Breeder’s name? | Yes | No |
| Breeder’s name: | | |
| Is the Bouvier chipped? | Yes | No |
| If yes to chipped, do you have the document or please enter the number below | Yes | No |
| Chip number: | | |

Please describe any allergies from which your Bouvier has suffered:

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|  |

Please describe any medical conditions your Bouvier has:

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Please describe your Bouvier’s diet, and typical food:

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| --- |
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Please describe what exercise your Bouvier is used to:

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Brief explanation of daily routine Fed Time, Sleeping area etc:

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| --- |
|  |

Any other information.

Your response to this questionnaire will remain confidential to the Bouvier Des Flandres Club of Great Britain and by you completing this form you agree that we can keep this questionnaire on an electronic system for the use of the committee of the Bouvier Des Flandres Club of Great Britain. This is so we can act quicker when a Bouvier is in need of a home.

Please return your completed form to:

[welfare.bdfcofgb@gmail.com](mailto:welfare.bdfcofgb@gmail.com)

or

BDF CofGB Rescue

83 Melton Mill Lane

High Melton

Doncaster

DN5 7TF

Thanks.