



# Placement Assist Application

Complete the form below to initiate the process

## Contact Information

### Name

First Name

Last Name

### Phone

Primary

Secondary

### Address

Street

City

Province

Postal Code

### Email

Primary

Secondary

What is the best way to contact you?

Phone  Email

What is the best time of day to reach you?

Morning  Afternoon  Evening

FBRO Rescue offers two rehoming options. Which is suitable for your needs?

Surrender this dog into our care  Keep dog with you with FBRO Rescue rehoming assistance

## Dog: Basic Information

What is the name of the dog?

### Age

DOB

### Breed / Mix

### Colour / Markings

Describe

### Approximate Weight

lbs/kgs

### Gender

Male  Female

Is this dog Spayed/Neutered?

Yes  No

What is the date of last heat?

Date of last Vaccination (or titre check).

Vaccination Date

DHPP

Vaccination Date

Rabies

Other vaccinations & dates

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## Treating Veterinarian

Veterinarian information

Name

Phone

Address

Street

City

Province

Postal Code

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## Ownership

Is this dog microchipped or tattooed?

Yes  No

Please provide number/registry dog and owner name registered under

Are you the owner of this dog?

Yes  No

How long have you owned this dog?

Where did you get him/her?

Reason for rehome request



**French Bulldog**  
RESCUE OF ONTARIO

Do you have a breeder contract that includes rehoming conditions?

Yes  No

Has the breeder been notified?

Yes  No

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## Dog: Training, Behaviour & Care

This dog is (check all that apply)

Housebroken  Paper Trained  Sometimes has accidents  Houstraining Required

Is this dog crate trained?

Yes  No

Do you walk/exercise the dog regularly? How often?

Where is the dog kept when you're not at home?

Where does the dog sleep at night?

How many hours a day is the dog left alone?

How does the dog behave when alone?

What are the dog's favourite activities?

What training has the dog received? (Choose one or more)

Obedience classes  Owner trained  Individual professional training  Training required

Known Commands (provide list)

## Training Language

- English       French       Hand signals       Other

## This dog has lived in home with:

- Other dogs / cats       Birds       Other animals

## This dog has lived in home with children aged:

- Under 5       5 - 12       13 - 16       Older

## Adults (ages)

## How does the dog get along with those listed above? (Describe any issues or concerns)

## Behaviours (check those that apply):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Excessive barking    | <input type="checkbox"/> Friendly to people  | <input type="checkbox"/> Friendly to other dogs      | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Digs                 | <input type="checkbox"/> Chews               | <input type="checkbox"/> Enjoys Car Rides            | <input type="checkbox"/> Timid / Reserved   |
| <input type="checkbox"/> Outgoing             | <input type="checkbox"/> Jumps on people     | <input type="checkbox"/> High energy / hyperactive   | <input type="checkbox"/> Calm               |
| <input type="checkbox"/> Growls / Shows teeth | <input type="checkbox"/> Fearful             | <input type="checkbox"/> Chases cats / small animals | <input type="checkbox"/> Food motivated     |
| <input type="checkbox"/> Playful              | <input type="checkbox"/> Walks well on leash |  |   |

## Is the dog protective of its food/toys/treats/family/property?

- Yes     No

## How does the dog react to strangers outside and inside the home?

## Has this dog snapped at or threatened a human or other animal?

- Yes     No

## Describe circumstances.

Has this dog bitten a human or animal?

Yes  No

Describe circumstances and severity of bite.

What is the dog fed, how often, and how much?

Does this dog have any special needs or health conditions?

Yes  No

Please list / describe.

List any medications or special food/shampoo/care requirements:

Is there anything else that you believe we should know about this dog?

Submission Date