REHOMING/RETIREMENT EXAM

Temperament: (Mark all that apply)

Calm \_\_\_\_\_Active \_\_\_\_\_ Hyperactive \_\_\_\_\_ Friendly \_\_\_\_\_ Outgoing \_\_\_\_\_ Scared \_\_\_\_\_ Nervous \_\_\_\_\_Vocal \_\_\_\_\_ Shy \_\_\_\_\_ Affectionate \_\_\_\_\_Listless/depressed \_\_\_\_\_ Aloof \_\_\_\_\_ Edgy \_\_\_\_\_Aggressive \_\_\_\_\_ Aggressive towards dogs (through kennels) \_\_\_\_\_ Dependent upon other dogs \_\_\_\_\_ Responds to obedience commands (Circle one) Good Fair Poor

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Hospital/Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examining Veterinary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Registered Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Call Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dog’s ID: \_\_\_\_\_\_\_\_\_\_ Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_ lbs. Temperature: \_\_\_\_\_\_\_ Body Condition (Circle one, 1, 2, 3 Thin, 4, 5 optimal, 6. 7, 8, 9 Obese) 1, 2, 3, 4, 5, 6, 7 ,8, 9

(Circle Yes or No) (Right or Left)

Eyes: Clear: Y N Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge: Y N Right Left or Both Entropion: Y N Ectropion: Y N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Findings of Last OFA Eye Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nose: Discharge: Y N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ears: Clean: Y N Mites: Y N Moist: Y N Infection: Y N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feet: Nails Trimmed Y N Feet/Pads Good Condition: Y N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mouth: Overbite: Y N Underbite: Y N Bite Correct for Breed: Y N Color of Gums Good: Y N Capillary Refill Time Good: Y N Dental Condition (Circle one, Grade 0 to 1 desired) 0, 1, 2, 3, 4 Dental procedure done: N/A Y N

Heart: Murmur or sign of congenital defect: Y N Grade: \_\_\_\_\_ Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lungs: Clear Y N Congested: Y N Cough: Y N Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skeletal: Patella Normal: Y N Right/Left Grade 1, 2, 3, 4 Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hernia: Indication: Y N Umbilical or Inguinal Right or Left Signs of Repair Y N Comments: \_\_\_\_\_\_\_\_\_\_\_\_

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

Haircoat: Shiny: Y N Dull: Y N Groomed: Y N Matted: Y N Normal Shedding for Breed: Y N Fleas, Ticks or Mites: Y N Comments or Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin: Dry/Flaky: Y N Lumps/Bumps: Y N Removal Date/Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suture Removal Date: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reproductive: Spayed/Neutered: Y N When Altered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suture Removal Date: \_\_\_\_

Intact: Testes Normal: Y N Last Heat Cycle: \_\_\_\_\_\_\_\_\_\_\_ Date Bred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_

Brucellosis: Negative/Positive Date of test: \_\_\_\_\_\_\_\_\_ Heartworm Test: Negative/Positive Date of test: \_\_\_\_\_\_\_

Fecal: Not Indicated/Negative/Positive Treatment: N/A, Medication/Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFA Certifications: Y N Tests and Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOLOMONS People and Pets, LLC is working hard to make sure we are working with licensed and/or properly certified facilities, whose dogs are receiving quality care, socialization and enrichments on a daily and ongoing basis. We ask all facilities we work with to have all dogs Orthopedic Foundation for Animals (OFA) health testing done prior to breeding. We also require daily exercise and observations, weekly spa visits and at least one annual hands on examination by the facilities veterinarian to be part of this program. All the dogs and the occasional puppy or young dogs are raised here in the United States and come from a known source. We strongly encourage all participating facilities to follow their veterinarian’s guidelines and vaccination and de-worming protocols. All dogs are given monthly heartworm preventatives as outlined by the facility veterinarian, to be in this program. **This dog has been tested and found to be negative for Heartworm and Brucellosis prior to coming to you. This dog is current on Rabies (for their current home state) and other Vaccinations and de-wormed (if applicable). You will need to continue your dogs’ vaccinations and health care program for its continued good health. Please consult your Veterinarian for their recommendations.**

Please feel free to get a well dog exam on your new family member. Please let us know of any concerns. If you or your Veterinarian have any questions please feel free to contact us or our Veterinarian.

We feed Purina Pro Plan 30/20 or Purina ONE SMARTBLEND (circle current food), formula in most cases to our dogs. We recommend your dog stay on the same food, so as not to upset the digestive system. Remember to always provide plenty of fresh clean water and food. Be careful not to get your dog to heavy, as this can affect their hips, elbows and cause other health issues.

We strongly recommend you attend obedience classes with your new dog and remember, your dog is in new surroundings. Some things may be new to your dog, so go slow and easy and don’t overwhelm them when they first come home. Set a schedule and stick with that schedule, it will make adjusting to a new environment much easier for both, you and your new dog.

If at any time you can no longer retain possession of this dog, by signing for this pet below, you are agreeing to notify SOLOMONS People and Pets, LLC, for first option of resuming full ownership at no cost to SOLOMONS People and Pets, LLC, or if agreed on, for us helping you find the dog a proper new home. We strongly believe, this dog is our responsibility and we want to make sure it is always safe.

Please stay in touch with us! We love hearing how our career change dogs are doing and what is going on in their life and in yours.

We strive to provide quality healthy family pets that represent their breed and come from clean, loving, caring and enriched facilities. We truly care about these pets and the people they will live the rest of their lives with. Know that we strive to make a difference in dogs lives and the lives they touch. This dog, to the best of our knowledge, is in good health and free of communicable diseases and is of sound temperament at the time of sale.

***By signing this contract, the you are agreeing to accepting this dog as is and if you can’t keep it, you will contact SOLOMONS People and Pets, LLC first.***

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

Adopter: Date:

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

SOLOMONS People and Pets, LLC (Trainer): Date:

**Rabies Vaccination: Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DHLPV Date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Heartworm test: (-) (+) Date tested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brucellosis test: (-) (+) Date tested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disclosures and/or Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This dog was examined on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and was found to be fit for adoption, sale or transfer.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian Signature: Veterinarian Printed Name:**

It is likely that this dog may be involved in an ongoing research study being conducted by Purdue University, Center for Animal Welfare Science (CAWS). Would you, as the new owner of the above dog be willing to answer questions or participate in a survey about this dog and how it has adjusted to your home, it’s behavior and/or it’s personality? Yes or No. By circling “Yes” and signing here this you are agreeing for SOLOMONS People and Pets, LLC to release your contact information to Purdue University, CAWS and for them to contact you about your new pet.

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

Printed Name: Signature of Buyer: Date:

If you would like your dog’s registration papers please let me know. If those are available, I will be happy to provide them to you at no extra charge. I have enrolled your dog’s microchip number into the AKC Reunite pet recovery service at no extra charge to you. You may go to [www.akcreunite.org](http://www.akcreunite.org) for more information or to make changes to your pets enrollment.



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| DATE: | VET **√**: | 5 WAY DHLPP | INTRATRAC | IVERMECTIN | RABIES | OTHER |
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| --- | --- | --- | --- | --- |
| DATE: Deworm every 2 weeks until 16 weeks old | SAFEGUARD/FENBENDAZOLE 1cc Per 4.5 lbs (3 TO 5 DAYS) | PYRANTEL 1cc Per 10 lbs | ALBON w/Dyne 5cc Per 10lbs Day 1 2.5ccPer10lbs. day 2 to 7 | FLAGYL ½ tab 2 x a day (7DAYS) |
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Local Veterinary checks, inspections and other Veterinary care done by (Insert Kennel/Company name, telephone number, address, email, fax and website) (Primary) Other than Rabies, vaccinations and de-worming may be done by (insert Kennel/Company name)

**We feed and recommend you keep your dog on Purina Pro Plan 30/20 All Life Stages or on Purina ONE, SMARTBLEND. Please go to** <https://www.purinaproclub.com> **or** <https://www.purinaone.com/dogs/products> **and be sure to save and upload your receipts for discounts and rewards. OR you may forward your receipts to SOLOMONS People and Pets, LLC for added support of this program.**

Woof! Woof! Train, Don’t Complain. We recommend all dogs receive basic obedience training. In the Stillwater, Oklahoma area we recommend Robin Hessel 405-747-7121.

**To prevent unwanted litters, your dog has been spayed or neutered.**

Method of sale: Face to face, Internet/Telephone/Referral/Repeat customer Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery method: Owner pick up/Delivered/Air shipped/ground shipped/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: 4911 S. Vassar Road, Mulhall, OK SOLOMONS People and Pets, LLC – Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Buyer information:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the **Buyers responsibility to continue with a monthly heartworm preventative and an annual examination and follow the vaccination protocol, as recommended by your Veterinarian.**