**Identify the dog’s needs and determine if the entity is a good match for the dog.**

| **Dog Name:****Dog Age**: |
| --- |
| **Dog** | **Transfer Organization** |
| **List behavior challenges resulting in need to transfer (attach Lifesaving Protocol)**: | **What is the organization’s ability to manage the dog’s behavior challenges – their experience, trainer qualifications, tools and techniques**.  |
| **How often do dogs receive training?**   |
| **What actions will be taken to ensure the safety of the dog?**  |
| **What actions will be taken to ensure the safety of others from that dog?**  |
| **Does this dog enjoy contact with other dogs? Explain briefly**:  | **How often and for what duration of time do dogs participate in playgroups or playdates?**  |
| **Are dogs co-housed?**  |
| **Does this dog enjoy human contact? Explain briefly**: | **How often and for what duration of time do dogs have the opportunity for positive interaction (e.g., play or quiet time) with humans?**  |
| **How often do dogs get walked?**   |
| **Do dogs have the opportunity to leave the facility on field trips or sleepovers?** |
| **Medical Issues, if any. Include storm anxiety, etc**. | **Is veterinary care appropriate for this dog?** |
| **Is APA!’s intention that the dog will be adopted?**  | **What is the average length of stay for dogs who have behaviors that are similar to the dog to be transferred?**  |
| **How many dogs does the organization adopt out per year?**  |
| **What type of adoption counseling is provided?**  |
| **What training and/or support does the organization give to adopters to ensure the community will be safe?** |
| **Does the organization have a demonstrated ability to prevent, as much as is possible, the safety of others in the community?** |
| **Other**:  |  |
| **Other**:  |  |
| **Concerns**:  |
| **What, if anything, could be done to ease these concerns?** |