



**GOLDEN BOND RESCUE OF OREGON**

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www.goldenbondrescue.com  
A 501c(3) Corporation

**IN-TAKE CALL INTERVIEW**  
Addendum A – Medical Issues

Please complete this form using a **pen** and email it within 24 hours of the evaluation to:  
[dogevaluation@goldenbondrescue.com](mailto:dogevaluation@goldenbondrescue.com)

**Dog's Name:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. What are the illnesses or symptoms that are being treated? \_\_\_\_\_

2. What supplements or medications has the dog been given in the past 2 years? \_\_\_\_\_

3. Is the dog currently on heartworm medication?  Yes  No

If so, what is the name of the medication? \_\_\_\_\_

4. What is the best way to administer medications to the dog? \_\_\_\_\_

5. Has the dog ever been diagnosed with hip/knee or elbow problems?  Yes  No  Not Sure

If so, Please describe: \_\_\_\_\_

6. Has the dog shown signs of epileptic seizures?  Yes  No  Not Sure

If so: How often do the seizures occur? \_\_\_\_\_

How long do they last? \_\_\_\_\_

How old was the dog when the first seizure occurred?  Yes  No  Not Sure

Does the dog lose consciousness?  Yes  No  Not Sure

Does the dog lose bowel or bladder control?  Yes  No  Not Sure

Any particular events that trigger seizures?  Yes  No  Not Sure

Please Explain: \_\_\_\_\_

Type of medication and dosage: \_\_\_\_\_

7. Are there any other illnesses or injuries Golden Bond Rescue should know about?  Yes  No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_