

MY DOG'S HISTORY

Animal # _____

My dog's name: _____

My dog's age: _____ Weeks / Months / Years

How long have you had your dog: _____

My dog is: Male Female Neutered / Spayed

Has your dog ever bitten anyone? Yes No



Why are you giving up your dog?

- New Baby Moving Allergies Not House Trained
- Not getting along with other people (please list): _____
- Not getting along with other pets (please list): _____
- Biting:
 - Do the bites draw blood? Yes / No
 - Why does the dog bite? _____
- Behavior issues (please list) _____
- Other: _____

How did you get your dog?

- Friend, neighbor, or family member Newspaper ad Free Pet store
- Breeder Born at home Stray Gift Other _____

Why did you get your dog?

- For myself for a family member For another pet Unwanted gift
- Protection: Home / Business Hunting dog Working dog
- Other: _____

How was your dog raised?

- With children Single pet With other pet(s): _____
- Inside only Outside only Both inside and outside

Who is your primary veterinarian? _____

When was the last time your dog was at the veterinarian? _____

Are your dog's vaccinations current? Yes No

Does your dog have any health problems? Yes No

If yes please explain: _____

WHERE MY DOG IS KEPT

Where is your dog when you are:

- At home: Inside for _____ hours Outside for _____ hour Goes in and out
- Away: Inside for _____ hours Outside for _____ hour Goes in and out

When my dog is inside (s)he is:

- Roaming Freely
- Is kept out of certain room with: Gates Doors Has been trained Is in a crate

Why is your dog kept out of these rooms? _____

When my dog is outside (s)he is:

- Tethered by a: Cable Chain Zip line - Overhead / Ground
 Running loose In an invisible fence Kenneled
 In a fenced yard - Height _____ Type _____
What are they doing? Playing Resting Pacing Chewing Whining
 Howling Barking Digging Trying to escape
 In a fenced run - Height _____ Type _____
What are they doing? Playing Resting Pacing Chewing Whining
 Howling Barking Digging Trying to escape

Does your dog ever escape? Yes No

How? _____
Where did it go and why? _____
How did your dog get home? _____

My dog is friendly at the fence with?

Family - Yes No Strangers - Yes No Other animals - Yes No

Where does your dog sleep at night? Inside: Where? _____ Outside: Where? _____

WHAT MY DOG EATS

What type of food does your dog eat and how often?

How often: Once daily Twice daily Free fed
Type: Canned food Dry food Both Special diet: _____

Does your dog have any favorite treats? _____

HOW MY DOG BEHAVES

Is your dog housetrained? Yes No

Does your dog have accidents? Yes No Urine Feces Both

How often does your dog have accidents?

- Frequent accidents, even when people are home
 Only has accidents when left alone over _____ (length of time)
 This dog only has occasional accidents

Where does your dog go potty?

Newspaper / Potty pads Litter box Walks Yard Other: _____

How do you know when your dog needs to potty?

Goes to the door Barks Paces Scheduled walks
 Lets him/herself out through dog door Dog tells you (explain): _____

Does your dog get exercise / play time with you? Yes No

How often: Daily Few times per week once a week once a month Never

Where does your dog get its exercise? Park On a walk Back yard Other: _____

Does your dog get its exercise / play with: Adults Children Other dog(s) Other: _____

What kind(s) of toys does your dog like? Balls Squeaky toys Stuffed toys Other: _____

My dog's play style is? Not interested Gentle lamb Middle of the road Rough & tumble

Mark the types of activities you do with your dog:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Petting | <input type="checkbox"/> Bathing | <input type="checkbox"/> Brushing | <input type="checkbox"/> Playing fetch |
| <input type="checkbox"/> Playing chase | <input type="checkbox"/> Playing tug-of-war | <input type="checkbox"/> Rough-housing | <input type="checkbox"/> Running errands |
| <input type="checkbox"/> Training classes | <input type="checkbox"/> Training games | <input type="checkbox"/> Road trips | <input type="checkbox"/> Restaurants/Cafés |
| <input type="checkbox"/> Cuddling | <input type="checkbox"/> Other: _____ | | |

Does your dog have any areas it doesn't like to be touched?

- Back Tail Feet Ears Neck Face Abdomen Other: _____

If you have disciplined your dog, what method(s) did you use?

- Yelling Hitting Throw something at the dog Squirt bottle
 Put outside Put in another room Other: _____

What do you discipline your dog for?

- Accidents Getting on counters Scratching/ chewing furniture
 Eating plants Scratching / biting people Bothering other pets
 Jumping Barking Growling Other: _____

How does your dog behave with?

- Kids:* Friendly Playful shy/fearful Protective Aggressive
Adults: Friendly playful shy/ fearful Protective Aggressive
Animals: Friendly playful shy/ fearful Protective Aggressive

➤ What animals does your dog not get along with? _____

Is your dog scared of?

- Men Women Children Strangers Crates Lighting/ Thunder
 Firecrackers Loud noises Bathing Brushing Nail clipping Vacuum cleaners
 Veterinarian Groomer The car Other animals: _____ Other: _____

Does your dog have separation anxiety? Yes No

Diagnosed by? You Veterinarian Other: _____

Does your dog know any tricks?

- Sit Down Stay Come Heel
 Speak Shake Roll over Fetch Sit pretty
 Loose leash walking Other: _____

How does your dog walk on a leash?

- Walks on a loose leash Walks on a tight leash Pulls on the leash
 Has no exposure to a leash Struggles and bites at the leash
 Other: _____

Has your dog had obedience training? Yes No

Where? _____

How long ago? _____

What training equipment has your dog been exposed to?

Clicker Treats Head Halter (size and type: _____)

Harness Choke Chain Prong/pinch collar Shock collar

Is your dog crate trained? Yes No

What size crate? Small Medium Large Extra large

What type of crate? Wire Plastic Other: _____

When is your dog in its crate and how long? When: _____ How long: _____

Does your dog potty in the crate? Yes No Only when left over _____ hours

Are these accidents: Urine Feces Both

Does your dog have any behavior issues that a new adopter should be aware of?

Barking Jumping Digging Nipping Destructive Separation anxiety

Too needy Aggressive towards people Aggressive towards other dogs

Aggressive to other animals (please list) Other: _____

Does your dog bite or growl when you touch their food, treats, or toys? Yes No

If yes please explain: _____

PLEASE TAKE A FEW MOMENTS TO COMPLETE THE FOLLOWING

What do you enjoy most about your dog?

What would you change about your dog?

Please add any additional information that you feel would be helpful for us, or a new owner. This will help us make the best possible match with a new home.

May we contact you for further information if it is needed? Yes No