

# MY DOG'S HISTORY



Animal # \_\_\_\_\_

Dog's name: \_\_\_\_\_ Dog's age: \_\_\_\_\_ Weeks / Months / Years

Breed: \_\_\_\_\_ How long have you had your dog: \_\_\_\_\_

My dog is:  Male  Female  Neutered / Spayed Microchip# \_\_\_\_\_

Has your dog ever bitten anyone? (human/animal)  Yes  No  
If yes, please explain: \_\_\_\_\_



Have you been required by Wichita Animal Services to relinquish your animal?  Yes  No

Why are you giving up your dog? \_\_\_\_\_  
 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: \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping your dog?  Yes  No

How did you get your dog?  
 Friend, neighbor, or family member  Newspaper ad  Free  Pet store  
 Breeder  Born at home  Stray  Gift  Other \_\_\_\_\_

How many homes including yours has this dog had? \_\_\_\_\_

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 (If yes) Ages: \_\_\_\_\_  Single pet  With other pet(s): \_\_\_\_\_  
 Inside only  Outside only  Both inside and outside

Who is your primary veterinary clinic? \_\_\_\_\_  
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? (Include allergies, previous surgeries, current medications, etc.)  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  Brand: \_\_\_\_\_

*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

**Your dog enjoy(s): (Mark all the apply)**

- |   |                                   |                                     |                                     |
|---|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Agility          | <input type="checkbox"/> Climbing | <input type="checkbox"/> Hiding     | <input type="checkbox"/> Toys       |
| <input type="checkbox"/> Being home alone | <input type="checkbox"/> Digging  | <input type="checkbox"/> Quiet Time | <input type="checkbox"/> Tug-of-war |
| <input type="checkbox"/> Car rides        | <input type="checkbox"/> Fetch    | <input type="checkbox"/> Running    | <input type="checkbox"/> Walk       |
| <input type="checkbox"/> Water            |                                   |                                     |                                     |

**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: _____       |  |  |

**How would you describe your dog?:**  Lap Loving  Social Butterfly  Mellow  Curious

Active  Playful  Loner

**Activity Level:**  Low  Moderate  High

**Vocalization:**  Low  Moderate  High

**Off Leash Reliability:**  Completely Reliable  Somewhat Reliable  Not At All Reliable

Not applicable

**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?**

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Yelling     | <input type="checkbox"/> Hitting             | <input type="checkbox"/> Throw something at the dog | <input type="checkbox"/> Squirt bottle |
| <input type="checkbox"/> Put outside | <input type="checkbox"/> Put in another room | <input type="checkbox"/> Other: _____               |  |

**What do you discipline your dog for?**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Accidents     | <input type="checkbox"/> Getting on counters        | <input type="checkbox"/> Scratching/ chewing furniture |                                       |
| <input type="checkbox"/> Eating plants | <input type="checkbox"/> Scratching / biting people | <input type="checkbox"/> Bothering other pets          |                                       |
| <input type="checkbox"/> Jumping       | <input type="checkbox"/> Barking                    | <input type="checkbox"/> Growling                      | <input type="checkbox"/> 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?**

- |   |   |   |   |                                       |  |
|---|---|---|---|---------------------------------------|--|
| <input type="checkbox"/> Men                | <input type="checkbox"/> Women          | <input type="checkbox"/> Children             | <input type="checkbox"/> Strangers        | <input type="checkbox"/> Crates       | <input type="checkbox"/> Lighting/ Thunder |
| <input type="checkbox"/> Loud noises        | <input type="checkbox"/> Water/Bathing  | <input type="checkbox"/> Brushing             | <input type="checkbox"/> Nail clipping    | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Groomer           |
| <input type="checkbox"/> Cars on the street | <input type="checkbox"/> Uniforms       | <input type="checkbox"/> Other animals: _____ | <input type="checkbox"/> Being left alone |                                       |  |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Riding in Cars |   |   |                                       |  |

**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?**

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

**How would you describe the ideal home for your dog?**

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