MY DOG’S HISTORY

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:
  o Do the bites draw blood? □ Yes / □ No
  o 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


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)
- Agility
- Climbing
- Being home alone
- Digging
- Car rides
- Fetch
- Water

**How often:**
- Daily
- Few times per week
- Once a week
- Once a month
- Never

**Your dog enjoy(s):** (Mark all the apply)
- Agility
- Climbing
- Being home alone
- Digging
- Car rides
- Fetch
- 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:**
- Petting
- Bathing
- Brushing
- Playing fetch
- Playing chase
- Playing tug-of-war
- Rough-housing
- Running errands
- Training classes
- Training games
- Road trips
- Restaurants/Cafés
- Cuddling
- 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?**
- 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
- Loud noises
- Water/Bathing
- Brushing
- Nail clipping
- Veterinarian
- Groomer
- Cars on the street
- Uniforms
- Other animals: __________
- Being left alone
- Other: __________
- 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?
____________________________________________________________________________________
____________________________________________________________________________________
