



Login # \_\_\_\_\_

Date \_\_\_\_\_

Staff Reviewed (*please initial*) \_\_\_\_\_

## Incoming Dog Profile

### Dog and Household Information

1. Dog's name \_\_\_\_\_ 2. Gender  Male  Female 3. Age years \_\_\_\_\_ months \_\_\_\_\_

4. Breed \_\_\_\_\_ 5. Is the dog spayed or neutered?  Yes  No

6. How long have you had this dog? years \_\_\_\_\_ months \_\_\_\_\_

7. Where did you get this dog from?

This shelter  Friend/Relative  Newspaper/Website  Found/Stray  Breeder  Pet store

Other shelter/rescue (*please write name*) \_\_\_\_\_

Other (*please describe*) \_\_\_\_\_

8. Why are you surrendering your dog? \_\_\_\_\_

9. If our staff can provide resources or assistance to help you, would you consider keeping your dog?  Yes  No

10. Including yourself, how many people of the following ages live in your house? *Please fill in the boxes.*

<b>Adults in Home:</b>
Ages of Men =
Ages of Women =

<b>Children in Home:</b>
Ages of Boys =
Ages of Girls =

11. What other animals did your dog live with?

Dogs  Cats  Chickens/Poultry  Rabbits/Small animals  Domestic birds

Horses  Livestock (*please specify*) \_\_\_\_\_

Other (*please describe*) \_\_\_\_\_  No other animals in household

How does the dog interact with these animals? \_\_\_\_\_

# Typical Behavior (Your dog's *usual* behavior)

12. How does your dog *usually* behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	Other (describe below)
<b>People your dog knows</b>							
Men							
Women							
Children							
<b>Unfamiliar people</b>							
Men							
Women							
Children							
<b>Animals your dog knows</b>							
Dogs							
Cats							
Other animals							
<b>Unfamiliar animals</b>							
Dogs							
Cats							
Other animals							

Other (please explain) \_\_\_\_\_

13. How does your dog *usually* react when an unfamiliar person approaches or enters the yard or house?

- Friendly
  Afraid
  Barks
  Shows teeth/growls
  Snaps
  Bites
  Other (please describe) \_\_\_\_\_

14. Does your dog *usually* have "accidents" in the house?

- Yes (please specify how often) \_\_\_\_\_
  No

15. If yes, would you describe these accidents as:

- Marking
  Not fully house trained
  Behavioral (fear or excitement)
  Other (please explain) \_\_\_\_\_

16. Where do you leave your dog when it is home alone?

- Inside the house (runs free)
  Inside the house (in crate)
  Inside the house (confined to 1-2 rooms)
  Inside the house with access to yard via dog door
  Outside the house (runs free in the neighborhood)
  Outside the house (runs free in the yard)
  Outside the house (in kennel)
  Outside the house (tied)
  Other (please describe) \_\_\_\_\_

17. Describe your yard (check all that apply):

- Fully fenced, fence height = \_\_\_\_\_
  Partially fenced
  Unfenced
  Electric fence
  Chain link
  Wood
  Vinyl
  Iron
  Other (please describe) \_\_\_\_\_

18. How long is your dog left alone, without people, during each day?

- Never
  1-3 hours
  4-8 hours
  9-12 hours
  Over 12 hours

19. Where does your dog *usually* sleep overnight?

- Crate
  Floor
  Dog bed
  Couch
  Owner's bed
  Outdoors (loose in yard)
  Outdoors (kennel)
  Other (please describe) \_\_\_\_\_

**20. Please tell us your dog's "bad habits":**

- Jumping up
- Mouthy
- Plays roughly
- Excessive barking
- Digs holes
- Destructive
- Chases cars/motorcycles
- Chases cats/small animals
- Chases livestock
- Chases bicycles
- Jumps fences (*please specify fence height*) \_\_\_\_\_
- Barks at things when on leash
- Grabs food/items off of counters/tables
- Chases people
- Urine marking
- Runs away
- Barks at things through fence
- Escapes (*please specify how often*) \_\_\_\_\_
- Other (*please explain*) \_\_\_\_\_

**21. Is your dog allowed on furniture?**  Yes  No

**22. What commands does your dog know?**

- Sit
- Down
- Stay
- Come
- Heel
- Shake
- No commands known
- Other (*please describe*) \_\_\_\_\_

**23. Has your dog attended a formal obedience training class?**

- Yes (*please provide trainer's name*) \_\_\_\_\_
- No

**24. Is your dog scared of anything (i.e. fireworks, thunder, certain objects)?**

- Yes (*please describe their reaction*) \_\_\_\_\_
- No

**25. Does your dog have problems riding in the car?**

- Yes (*please describe*) \_\_\_\_\_
- No
- Don't know

**26. Describe how you provide physical exercise for your dog (check all that apply):**

- Play fetch
- Walk on leash
- Walk off leash
- Take to dog parks
- Doggy daycare
- Run together
- Take swimming
- Leave in back yard
- Play tug
- Wrestle
- Other \_\_\_\_\_

**27. How would you describe your dog's personality?**

- Friendly
- Affectionate
- Loving
- Playful
- Quiet
- Cuddly
- Timid/Shy
- Calm
- Anxious
- Active
- Hyperactive
- Protective
- Independent
- Confident
- Submissive
- Fearful

**28. What is your favorite thing about your dog?** \_\_\_\_\_

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**Aggressive Behavior** (*Please list any behavior that has ever happened*)

**29. Has your dog ever fought with another dog?**

- Yes
- No
- Don't know

**30. Has your dog ever injured another dog?**

- Yes
- No
- Don't know

**31. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in injury or death to another domesticated animal?**

- Yes
- No
- Don't know

**32. Has your dog ever inflicted a bite to a person that has broken skin?**

- Yes
- No
- Don't know

## Aggressive Behavior – continued (Please list any behavior that has ever happened)

33. Please check all appropriate boxes if your dog has ever shown any of the following aggressive behaviors.

	Shows teeth/growls	Snapped or lunged at	Bite (did not break skin)	Bite (broke skin)	None of these
Men					
Women					
Children					
Veterinarian or Groomer					
Dog					
Other domesticated animal species (cat, livestock, etc.)					

34. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

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35. If any aggressive behavior to men, women, children or dogs was checked in the table above, please answer the following questions. *Please check all that apply.*

	Men	Women	Children	Dogs
Was the aggressive behavior over food?				
Was it over bones or rawhides or chews?				
Was it over toys?				
Was it over stolen objects?				
While breaking up a dog fight?				
When the dog was in severe pain?				
Was it when the dog was disturbed while sleeping or resting?				
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc.)?				
Was it when an adult or child entered the house or yard?				
Was it when an adult or child approached or reached toward dog?				

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## Medical History

36. Did your dog receive regular veterinary care?  Yes  No

37. Does your dog have any past or present medical conditions, medication or special dietary requirements?

Yes *(please describe)* \_\_\_\_\_

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No

Please feel free to tell us any additional helpful comments.

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