



Animal ID: \_\_\_\_\_

Date: \_\_\_\_\_

## Incoming Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his new home, this information will help us find the most suitable home for your dog and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

### Dog and Household Information

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

4. Breed \_\_\_\_\_ 5. How long have you had this dog? years \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_

6. Is this dog spayed or neutered?  yes  no If yes, when and where? \_\_\_\_\_

7. Please list your current veterinarian's name, address and phone:

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

( ) \_\_\_\_\_

8. Your relationship to dog?

Owner  Friend/caretaker  Foster owner  Other \_\_\_\_\_

9. Where did you get this dog?

This shelter  Friend/relative  Newspaper/web site  Found/Stray  Breeder  Pet Store

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

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

10. Why are you giving up this dog? \_\_\_\_\_

11. What other animals did your dog live with?

No other animals  Dogs  Cats  Other (please describe) \_\_\_\_\_

## Typical Behavior

(Your dogs usual behavior)

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

	Never Encounter	Friendly	Initiates play	Shy	Fearful	Snaps	None of these
<b>People your dog knows</b>							
Men							
Women							
Children							
<b>Unfamiliar people</b>							
Men							
Women							
Children							
<b>Animals your dog knows</b>							
Dogs							
Cats							
<b>Unfamiliar animals</b>							
Dogs							
Cats							

13. Is your dog house trained?  yes  no  dog door  paper trained  Dog is not allowed inside  
 If no, how many accidents per day? \_\_\_\_\_

14. Where does your dog spend most of his/her time?

- Inside the house, runs free  Inside the house, in crate  Outside the house, runs free in neighborhood  Outside the house, runs free in the yard  Outside the house, in a cage  Outside the house, tied  Other (please describe) \_\_\_\_\_

15. How long is your dog left alone, without people, during the week?

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

16. When your dog is left alone, is he/she.....

- Outdoors  Free in home  Confined to a room  In a crate  Other (please describe) \_\_\_\_\_

17. When left alone, does your dog usually show any of the following behaviors? Check all that apply

- Couch Potato  Quiet  Self entertains  Destroy household items  Urinate/defecate  Bark  Cry  None of these

18. When you are home, does your dog usually show any of the following behaviors? Check all that apply

- Independent  Always at your side  Couch Potato  Affectionate  Playful  Destroy household items  Urinate/defecate  Bark  Cry  None of these

19. What toys does your dog like?

- Balls  Frisbee  Plush  Squeaky  Tug Toy  None  Don't know  Other \_\_\_\_\_

20. What games does your dog like?  
 Fetch  Tug  Chase  Wrestling  None  Don't know  Other \_\_\_\_\_

21. Is your dog scared of anything?  
 Yes (please describe) \_\_\_\_\_  
 No

22. Please tell us your dog's habits (example-chases tail)  
\_\_\_\_\_

23. Is your dog allowed on the furniture?  yes  no

24. Where does your dog usually sleep overnight?  
 Cage/crate  Floor  Dog bed  Couch  Owners bed  Other (please describe) \_\_\_\_\_

25. What commands does your dog know?  
 None  Sit  Stay  Down  Come  Heel  Give paw  
 Other (please describe) \_\_\_\_\_

26. Has your dog attended any obedience classes?  Yes  No

27. Has your dog ever been walked on a leash?  Yes  No

28. Does your dog have problems riding in the car?  Yes (please describe) \_\_\_\_\_  
 No  Don't know

29. Has your dog escaped your property in the last 6 months?  
 Yes (please describe) \_\_\_\_\_  
\_\_\_\_\_  
 No

30. Does your dog have any past or present medical conditions?  
 Yes (please describe) \_\_\_\_\_  
\_\_\_\_\_  
 No

31. Is your dog currently on any medication or on a special diet?  
 Yes (please describe) \_\_\_\_\_  
\_\_\_\_\_  
 No

32. What type of food does your dog eat?  
 Dry  Wet/Canned  Table scraps  Brand of food \_\_\_\_\_

33. Any additional information you feel or helpful comments.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Has your dog ever bitten any person to the point of breaking the skin?  Yes  No  Don't know

!! STAFF ONLY !!						
Men		Women		Children		
Y	N	Y	N	Y	N	
						Was the aggressive behavior over food?
						Was it over chews or toys?
						Was it over stolen objects (food, bed, toy, person)?
						Was it when the dog was disturbed while sleeping or resting?
						Was it when an adult or child handles the dog (brushing, handling feet, bathing, pinching, squeezing)?
						Was it when an adult or child entered the house or yard?
						Was it when an adult or child approached or reached dog?