

Microchip# \_\_\_\_\_



## INCOMING DOG PROFILE

The following questionnaire helps us learn about your dog. We use this information to help find the best possible home and prepare your pet's new family with information about his/her history. Please complete this questionnaire as accurately as possible.

*Undesirable behaviors or medical issues DO NOT necessarily prevent placement, but failure to disclose them interferes with the adoption process.*

### BASIC DOG INFORMATION

Name: \_\_\_\_\_ Sex  MALE  FEMALE Age: \_\_\_\_\_

How long have you owned/cared for this dog? \_\_\_\_\_ Spayed or Neutered?  YES  NO

Where did you get this dog? \_\_\_\_\_

Reason for surrendering this dog? \_\_\_\_\_

Has your dog bitten a person within the last 10 days?  YES  NO

Did the bite break skin and/or bleed?  YES  NO

Have you tried to find a home for this dog on your own or contacted any rescue groups?  YES  NO

### MEDICAL HISTORY

Does your dog see a vet a least once a year?  YES  NO

Name of Veterinarian/Vet Hospital: \_\_\_\_\_

Can we contact your vet to obtain your dog's medical records?  YES  NO

Does your dog have any past or present medical conditions?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your dog currently on any medication?  YES  NO

If yes, please explain: \_\_\_\_\_

Is your dog currently on any special diets?  YES  NO

If yes, please explain: \_\_\_\_\_

Does your dog need to be muzzled at the veterinarian?  YES  NO

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

	Show Teeth/Growl	Snap	Bite	None of These
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine (including heart and ears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LIFESTYLE & HOME LIFE

What other animals did your dog live with?  DOGS  CATS  OTHER \_\_\_\_\_  NONE

Including yourself, what other people has your dog live with? Please check all that apply

Adult men  Adult women  Children 0-3  Children 4-8  Children 9-12  Teens 13+

Do you trust your dog to be alone for extended periods?  YES  NO

If no, please explain: \_\_\_\_\_

When left alone, does your dog usually:

Go in a crate  Free roam  Go into a room with the door closed

When crated, how does your dog usually react?

Anxious  Settles quickly  Settles after some time  Attempts to escape Other: \_\_\_\_\_

Describe your dog's playstyle. Please check all that apply

Rough and tumble  Hyper/Crazy  Mouthy  Vocal  Bully/Picks on others  Needy  None

What is your dog's favorite things to do? Please check all that apply.

Snuggle  Go outside  Play fetch  Go for a walk  Play with toys  Play with dogs

Go swimming

If your dog enjoys playing with toys, how easy is it to get the toy away from them?

- Easy: I can grab it right of their mouth.
- Little Work: They avoid me taking it away, but I can take it without upsetting the dog.
- More Work: They may growl or avoid giving it back. They are willing to give it up for a treat or toy.
- Difficult: They avoid it, may growl, snap or bite at a person or another dog. You cannot get item back.

Is your dog afraid of anything?  YES  NO

If yes, please explain: \_\_\_\_\_

Does your dog usually, uncontrollably, chase or attempt to chase any of the following?

Please check all that apply.

- Joggers  Bicycles  Skateboarders/Rollerbladers  Cars/Motorcycles  Cats
- Squirrels/Other small animals  Other (please describe) \_\_\_\_\_

## BEHAVIOR

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

	Never Encountered	Friendly	Fearful	Shows Teeth/ Growls	Snaps	Bites
<b>People your dog knows</b>						
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unfamiliar People</b>						
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Animals your dog knows</b>						
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unfamiliar Animals</b>						
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is there any report of your dog ever inflicting a serious bite to a person?  YES  NO

If yes, please explain: \_\_\_\_\_

Has your dog ever attacked another dog resulting in severe injury or death to another dog?  YES  NO

If yes, please explain: \_\_\_\_\_

Has your dog ever attacked another domesticated animal species (cats or livestock), resulting in severe injury or death?  YES  NO

If yes, please explain: \_\_\_\_\_

How does your dog usually react when an unfamiliar person approaches or enters the yard or house?  
Please check all that apply.

Friendly  Afraid  Barks  Shows Teeth/Growls  Snaps  Bites  None of these

If a snap or bite to men or women was checked, did the snap or bite take place while breaking up a dog fight or while the dog was in severe pain?  YES  NO

If a snap or bite to children was checked, did the snap or bite take place while breaking up a dog fight or while the dog was in severe pain?  YES  NO

Please explain the circumstances of the bite and/or snap. \_\_\_\_\_

Please feel free to tell us any additional helpful comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_