

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

Date \_\_\_\_\_

### Dog Owner's Questionnaire

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_\_

**To enable us to find the best possible home for this dog, please fill in the information below as completely and accurately as possible. PLEASE BE HONEST. Honest answers will help us place your dog with people who understand his/her unique personality and help avoid your dog being returned to the Humane Society.**

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

How long have you owned this dog? \_\_\_\_\_

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

How many owners has this dog had, including you? \_\_\_\_\_

What other types of pets did this dog live with? \_\_\_\_\_

Please describe any conflicts with this dog and the other pets? \_\_\_\_\_

List ages of any children in household. \_\_\_\_\_

Please describe any conflicts this dog had with the children. \_\_\_\_\_

How many hours a day was this dog left alone? \_\_\_\_\_

Where did the dog spend most of his time?

Always outside     Mostly Outside     In Garage     Outside unless we were home

In a crate     In or out at will     Always inside

Where does this dog sleep at night? \_\_\_\_\_

Please describe how the dog reacted to being left alone. \_\_\_\_\_

Does this dog:

Chew furniture or other household objects?    YES    NO

Dig in the yard?    YES    NO

Get into the garbage?    YES    NO

Jump up on people?    YES    NO

Enjoy riding in the car?    YES    NO

Know any tricks?    YES    NO

If yes, which tricks? \_\_\_\_\_

Exhibit fear of anything (thunder, etc)    YES    NO

If yes, what? \_\_\_\_\_

Exhibit threatening or aggressive behavior?    YES    NO

If yes, please describe: \_\_\_\_\_

How often does this dog urinate or defecate in the house? \_\_\_\_\_

What signs, if any, does this dog give to let you know they need to be let out to go potty? \_\_\_\_\_

What form of daily exercise did this dog receive? \_\_\_\_\_

Does this dog's coat require regular grooming?    YES    NO

What brand of food do you feed this dog? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

Does your dog have a favorite type or brand of treats? \_\_\_\_\_

Do you call your dog by any nicknames? \_\_\_\_\_

**OVER** 

How did you confine this dog to your property? \_\_\_\_\_

Fence - what type? \_\_\_\_\_ How high? \_\_\_\_\_

Can this dog jump a certain height fence? Y N If yes, how high? \_\_\_\_\_

Kennel - what size? \_\_\_\_\_ Completely enclosed? \_\_\_\_\_

Chain or tie out How long? \_\_\_\_\_ Where? \_\_\_\_\_

Invisible fence

Never outside off leash or unsupervised

Did not confine - dog would always come home

How often did your dog escape confinement? \_\_\_\_\_ How? \_\_\_\_\_

What type of obedience training has your dog had? \_\_\_\_\_

What commands does your dog respond to? \_\_\_\_\_

Have you ever consulted a trainer or behaviorist on any problems concerning this dog? Y N

What kind of problems? \_\_\_\_\_

Has this dog ever bitten anyone? YES NO

Describe incident \_\_\_\_\_

Has this dog ever snapped at anyone? YES NO

Describe incident \_\_\_\_\_

Describe any problems this dog has with the following:

Children \_\_\_\_\_

Male Dogs \_\_\_\_\_

Female Dogs \_\_\_\_\_

Cats or wildlife \_\_\_\_\_

Strangers \_\_\_\_\_

Men \_\_\_\_\_

Women \_\_\_\_\_

Other \_\_\_\_\_

Is this dog overly protective of any of the following: (please give examples)

Food \_\_\_\_\_

Toys \_\_\_\_\_

Family members \_\_\_\_\_

Property \_\_\_\_\_

Car \_\_\_\_\_

Other pets \_\_\_\_\_

Circle the words that best describe this dog:

Outgoing Friendly Independent Relaxed Playful Slow to Adjust Other \_\_\_\_\_

What types of situations/things make your dog bark? \_\_\_\_\_

Has this ever created a problem? \_\_\_\_\_

What form of discipline or correction do you use with this dog? \_\_\_\_\_

How does the dog react? \_\_\_\_\_

Who is your dog's veterinarian? \_\_\_\_\_ Date last seen? \_\_\_\_\_

What kind of health problems has this dog had? \_\_\_\_\_

What types of medications has it used? \_\_\_\_\_

What type of flea control is your dog currently using? \_\_\_\_\_

What type of heartworm medication is your dog on? \_\_\_\_\_ Date of last dose? \_\_\_\_\_

Describe your dog's idea of a perfect day: \_\_\_\_\_