

DOG QUESTIONNAIRE

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Please fill out this form as completely as possible. No one knows and loves your dog the way you do. To help us find the best new home for your dog, please provide as much detail as possible about the likes, dislikes, history, and vet care of your canine friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly can!

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Dog's Name: _____ Dog's Birthdate: _____

Dog's Sex: Male Female Is your dog spayed/neutered? Yes No Unsure

What kind of I.D. does your dog have? _____

Tattoo: If so, where is it located? _____

Microchip: If so, who is it registered to? _____

How long has your dog lived with you? _____

Where did you get your dog? HSSW Breeder Stray Pet Store Friend/Family Newspaper/
Craigslist Born in my home Another Shelter _____ Other _____

If you got your dog from a breeder, what is the name and location of the breeder? _____

Your Dog's Lifestyle

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How many hours is your dog left alone? 0-3 4-6 7-10 Over 10

Was this successful? Yes No If no, why not? _____

How many hours a day does your dog interact with people? 1-2 2-4 4-6 6-10 Over 10

Where does your dog stay when you are not home? Inside (free rein) Indoor Crate
Outside (free rein) Outside kennel Other _____

Where does your dog spend his/her time when you are at home? Inside (free rein) Crate
Outside (free rein) Outside kennel Other _____

Explain how your dog was confined to your property when outside: Fenced yard
Electronic Pet Containment (what type) Kennel Tied out (chain or runner) Dog House
Never outside Offleash Other _____

Do you have a fully-fenced yard? Yes No

If yes, please check all that apply: Chain Link Wood Invisible Fence Brick/Concrete

How high is the fence? _____ feet

Where does your dog sleep at night? (check all that apply): Loose inside the house In Garage Outside

In child's room On my bed On dog bed Confined to one room In adult's room Crate

On couch or chair Other _____

Would you trust your dog loose in the house unsupervised? Yes No

If no, why not? _____

Is your dog housetrained? Yes No

Do your dog's housetraining accidents most happen when: (check all that apply)

When dog is not closely supervised When dog is overexcited When dog is not kept on a schedule

When dog is sleeping When dog signals to be let out and is ignored When dog is left alone for

too long Other: _____

How have you dealt with this problem? (check all that apply)

Consult vet or trainer Paper training Confined dog to an area Kept dog outside

Other: _____

Is your dog crate trained? Yes No

If yes, how long does your dog spend in the crate each day? _____

Can your dog be left outside unsupervised? Yes No

If no, why not? _____

Is your dog permitted to sit/sleep on furniture? Yes No

Does your dog jump up on people when greeting them? Yes No

Is your dog constantly underfoot when food is present? Yes No

Does your dog beg at the table or in the kitchen? Yes No

If yes, is the behavior rewarded with food? Yes No

Children/Family

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Has your dog lived with children? Yes No

What ages of children has your dog lived with? (check all that apply) Under 6 6-11 12-16 16 and over

Did your home have children as visitors on a regular basis? Yes No

If yes, what were the ages of the children? _____

Will your dog accept examination by children younger than 6 years old? (having ears lifted and tugged, having tail held or grabbed, fur scrunched or grabbed by children's hands?) Yes No

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No

If yes, what was your dog's reaction? _____

How does your dog react to a child approaching when he/she is sleeping? _____

Is your dog possessive about where he/she sleeps? Yes No

If yes, what does he/she do? _____

Would you recommend your dog live with children? Yes No

Why or why not? _____

Would you recommend your dog live where children visit on a regular basis? Yes No

Describe your dog's behavior around children (check all that apply)

- Never been around children Friendly/Playful Gentle Nervous/Frightened Snappy at times
- Avoids children Watches over children Indifferent Too active Aggressive Unpredictable
- Excited Adores children Has bitten a child/tried to bite a child

Other: _____

Will your dog allow children to touch their food without getting upset? Yes No

Does your dog try to take food from children when it is not offered? Yes No

Will your dog take treats offered by the child gently? Yes No

Does your dog hover nearby when the child has food? Yes No

Have your children fed/watered your dog on a daily basis? Yes No

Does your dog accept being brushed/hugged/petted by children? Yes No

Behavior & Training

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What training/activities did you participate in with your dog? (check all that apply)

- Obedience Agility Flyball Herding Therapy Dog Fieldwork Schutzhund Weight Pull

Other: _____

Please tell us about the tricks and habits you have taught your dog (check all that apply)

Basic obedience commands Come when called Play fetch Walk on a loose leash

Ride nicely in a car Wait for food Greet visitors politely Take treats gently

Get off and on the furniture when asked Other: _____

What words does your dog understand? Sit Stay Down/Lay Come Leave it Drop it

Wait Off Fetch Shake No commands Other: _____

Does your dog run after cars, bikes or pedestrians? Yes No

If yes, what does your dog do when he/she gets to them? _____

Describe your dog's behavior in the car (check all that apply)

Loves it Calm Afraid but ok Gets car sick Nervous Hates it Tolerates it Protective

of car Dog never rides in car Other: _____

Is your dog destructive if left alone inside the home? Yes No

If yes, please check all that apply: Chews woodwork/walls Chews furniture Chews on window frames

Chews clothing/shoes Gets into trash Chews on door frames

Other: _____

Does your dog raid the trash or other similar mischief? Yes No

Will your dog steal unattended food/objects from tables/counters? Yes No

If yes, how have you handled the problem? _____

How does your dog walk on a leash? Loosely Pulls a little Pulls a lot Never been on a leash

Is your dog protective or possessive of any of the following? (Check all that apply)

Food (to other pets) Toys (to other pets) Food (to people) Toys (to people) Of his/her body

Of owner/family Of property Other: _____

Please check all of the following that frighten your dog: Babies or toddlers Men Women

School-age children People in uniform Water Unpredictable children Vacuums Fireworks

Thunder/Lightning Loud voices/yelling Loud noises or bangs Veterinarian or groomer

Other: _____

Has your dog ever bitten any person? Yes No Date of bite incident: _____

Please check all that apply:

Snapped (did not make contact) Bite clothing only Bite (broke skin)

Minor Bite (but neither drew blood nor left bruising) Major Bite (broke skin/drew blood/bruising)

Has your dog ever bitten another animal and drawn blood? Yes No If yes, when? _____

Please explain _____

Please check the following if your dog has ever done any of the following:

Adult family members Growled Barked Snapped Bitten Never

Please explain: _____

Children family members Growled Barked Snapped Bitten Never

Please explain: _____

Strangers at door Growled Barked Snapped Bitten Never

Please explain: _____

Visiting adults Growled Barked Snapped Bitten Never

Please explain: _____

Visiting children Growled Barked Snapped Bitten Never

Please explain: _____

Vet or groomer Growled Barked Snapped Bitten Never

Please explain: _____

People near his/her area Growled Barked Snapped Bitten Never

Please explain: _____

Pedestrians Growled Barked Snapped Bitten Never

Please explain: _____

People near his/her food Growled Barked Snapped Bitten Never

Please explain: _____

Health, Grooming & Diet

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Does your dog see a veterinarian on a regular basis? (at least once a year) Yes No

Which clinics is your dog seen at? _____

Is your dog current on vaccinations? Yes No

If no, which ones are due? _____

How does your dog react going to the vet? _____

Does your dog need to be muzzled at the vet? Yes No

Does your dog require any medication on a regular basis? Yes No

If yes, what kind and for what condition? _____

Does your dog allow you to clip his/her nails? Yes No

Does your dog like to be brushed? Yes No

Are there places that he/she does not like being brushed or petted? Yes No

If yes, where? _____

Has your dog ever been professionally groomed? Yes No

If yes, please name the facility _____

Has your dog ever been boarded when you are gone at: Private boarding facility Veterinarian No

If yes, please name the facility _____

Has your dog ever required major surgery? Yes No

If yes, when, where and results? _____

Has your dog ever been diagnosed/treated for any of the following? (check all that apply)

- Heartworm Disease Lyme Disease Heart Murmur Tumors Epilepsy/Seizures Skin allergies
- Thyroid Disease Cancer Arthritis Cataracts Irritable bowel Lupus Food allergies
- Entropion eye Environmental allergies Hip/elbow Dysplasia Ear infections Eye infections
- Diabetes Other illness/condition

What brand of food does your dog eat? _____

How much and how often? _____

Would you consider your dog to be a picky eater? Yes No

If yes, please explain _____

Does your dog have any allergies/sensitivities to any grains or ingredients Yes No

If yes, to what? _____

Is your dog on any flea treatment? Yes No

If yes, what kind? Advantage Frontline Revolution Other: _____

Exercise & Play

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What are your dog's favorite kinds of toys? (check all that apply)

- Shows no interest in toys Frisbee Rocks Plastic bottles Tennis/rubber ball Rope toys
- Shoes Children's toys Plush/Stuffed toys Kong Squeaky toys

Other: _____

What does your dog do with his/her toys? (check all that apply)

Carries around in mouth Shreds/tears apart Tosses or whips back and forth Plays "Keep Away"
Chews them Retrieves for owner Buries or hides them Comfort behavior (licking/cuddling/
suckling) Other: _____

What type of exercise does your dog receive on a regular (several times a week) basis?

Accompanies owner jogging Walking on a leash Vigorous play Running on a leash Swimming
Dog Park Plays with other dogs Plays with kids Plays with adults Agility or herding work
Accompanies owner walking/hiking No exercise at all Dog Day Care
Other: _____

Describe your dog's play style with people (check all that apply)

Play's gently Does not use teeth or body strength Prefers fetch Prefers to chase Plays roughly,
but stops when told Tends to herd Tends to nip Jumps and uses mouth in play No interest
Plays physically Games quickly escalate out of control
Other: _____

Describe your dog's play style with other dogs (check all that apply)

Plays chase with little/no body contact Hangs out with dogs rather than play
Plays hard with hip checks/body slams Will play with all dogs
Herds/nips others to get them to move Can play with more than one dog
Adapts to whatever the other dog is doing Barks constantly
Shares toys and plays with other dogs Can hang out with more than one dog
Likes to play with smaller dogs Aggressive to all dogs, does not play
Has to be in charge of play Other:
Likes to play with gentle dogs

Other Animals

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Please check all the animals that your dog has lived with:

Male dogs Female dogs
Small Animals Male cats Female cats
Livestock Other: _____

Describe your dog's behavior around other dogs (check all that apply)

Never been around dogs Adores other dogs Friendly/Playful Aggressive with all dogs Bossy
Frightened Ignores or is indifferent Gentle/Submissive Aggressive with same sex dogs
Has bitten another dog and drawn blood Other: _____

