

1. How long have you owned this dog? _____ Dog's date of birth (if known): _____
2. How did you acquire the dog? Found Friend Family Gift Bred at home Breeder: _____
 Shelter/Rescue: _____ Pet store: _____ Other: _____
3. How many homes other than yours has this dog had? _____

Temperament/Behavior:

4. The dog's temperament tends to be: (check all that apply) Friendly Playful Gentle Timid/shy Confident
 Affectionate Protective Active Reserved Aggressive Fearful Hyper Other: _____
Staff use: _____
5. What is the dog's activity level? Mellow Fairly calm Active, but settles down Always moving
6. Describe the daily exercise your dog receives _____
7. What do you like most about the dog? _____
8. What are your dog's favorite activities? _____
9. Has the dog lived with: Men Women Children under 6 yrs Children 6 – 12 yrs Teens 13 yrs +
 Cats Dogs (breed/size: _____) Other: _____
10. How does the dog react to: Other dogs? _____ Cats? _____
Children (ages?) _____ New people? _____
11. Is your dog fully housetrained? Yes No Unsure How often does the dog have bathroom mistakes indoors? _____
How does he indicate when he needs to go out? _____
12. Has your dog lived: Indoor mainly Indoor/Outdoor Outside mainly Outside only
13. Do you trust your dog alone **indoors** during the day? Never tried Yes No Why not? _____
How was the dog confined indoors? Loose Crate Gated Other: _____
14. Do you trust your dog alone **outdoors** during the day? Never tried Yes No Why not? _____
How was the dog confined outdoors? Loose Chain/runner Kennel run Fence (height/type: _____) Other _____
15. How many hours is the dog usually left alone during the day? _____
16. Has your dog had training classes? No Yes Commands known: Sit Down Come Off Shake Other: _____
17. What does your dog like to chew on? _____
18. Does the dog tend to: a) Dig b) Chew destructively c) Bark/howl excessively d) Chase cars/bikes e) Growl/snap/bite
 f) Jump fences of _____ ft g) Escape yard/house h) Not like to be brushed i) Fear loud noises j) Other: _____
Staff use: _____

19. How does your dog do in the car? Loves it Tolerates Whines Drools Gets sick Other: _____
20. Does your dog growl if you take away food? Yes No Sometimes Toys? Yes No Sometimes
21. Has the dog ever bitten a person? No Yes Did it break the skin? No Yes
22. Has the dog ever killed or injured another animal? No Yes Please describe: _____

Medical/Other:

23. Is your dog microchipped? Yes No Unsure
24. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this dog?
 No Yes Please explain: _____
25. Has this dog seen a veterinarian? No Yes How long ago? _____ Reason? _____
26. Name of dog's veterinary clinic: _____
27. What type of food do you feed? Dry Canned Both Brand: _____