



# DOG INTAKE FORM

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.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

**Signature**

**Date**

**Print Name**

**Dog's Name**

**Address (where dog is located)**

**Contact Number**

OK to use this contact number in social media and commercial website post

## DOG AND HOUSEHOLD INFORMATION

**Dog's name** \_\_\_\_\_

**Sex**  Male  Female

**Age**

**Breed**

**Spayed / Neutered?**

Yes  No  Unknown

**How long have you had this dog?** \_\_\_\_\_

**Your relationship to dog?**  Owner  Friend/caretaker  Foster

**Where did you get this dog from?**  Shelter  Rescue  Friend/relative  Website  Found/stray

Breeder  Pet store

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

**What other animals did your dog live with?**

No other animals in household  Dogs  Cats  Other \_\_\_\_\_

**Including yourself, how many people of the following ages live in your house?** *(Complete applicable boxes)*

Age range (years)	Female	Male
0 - 3		
4 - 9		



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10 - 17		
18 - 29		
30 - 59		
60+		

## TYPICAL DOG BEHAVIORS

How does your dog *usually* behave toward the following? *Check applicable boxes.*

	Never encountered	Friendly	Afraid	Shows teeth/ growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

Does your dog *usually* uncontrollably chase or attempt to chase any of the following? *Check all that apply.*

- Joggers  
  Bicycles  
  Skateboarders/roller bladers  
  Cars/motorcycles  
  Outdoor cats  
 Squirrels or other small animals  
 Birds  
 Doesn't chase  
 Other \_\_\_\_\_

How does your dog *usually* react when you or another family member does the following? *Check applicable boxes.*

	Never tried	Enjoys	Allows	Afraid	Shows teeth/ growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

How does your dog *usually* react when an unfamiliar person approaches or enters the yard or house?

- Friendly  
 Afraid  
 Barks  
 Shows teeth/growls  
 Snaps  
 Bites  
 None of these



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Is house-trained (i.e., knows to use the bathroom outside)?  Yes  No/paper trained

Able to use doggy door?  Yes  No  Unknown

Does your dog *usually* have “accidents” in the house?

Yes (Specify how many times per day) \_\_\_\_\_  No

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 the neighborhood

Outside the house, runs free in the yard  Outside the house, in crate/kennel  Outside the house, tied

Other \_\_\_\_\_

How long is your dog left alone per day, without people, during the work week?

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

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

Outdoors  Free in home  Confined to a room  In a crate  Other \_\_\_\_\_

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

Destroy household items  Urinate/defecate  Bark  Cry/whine  None of these

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

Destroy household items  Urinate/defecate  Bark  Cry/whine  None of these

When your dog plays, does he/she typically....Check all that apply.

Jumps  Growls  Barks  Bites lightly  Bites hard  None of these

What toys does your dog like?

Balls  Frisbee  Plush  Squeaky  Tug Toy  None  Other \_\_\_\_\_

What games does your dog like (played with people)?

Fetch  Tug  Chase  Wrestling  None  Other \_\_\_\_\_

Is your dog scared of anything?  No  Yes Describe: \_\_\_\_\_

Tell us your dog’s “bad habits”

\_\_\_\_\_

Is your dog allowed on furniture?  No  Yes

Where does your dog *usually* sleep overnight?

Crate  Floor  Dog bed  Couch  Owner’s bed  Other \_\_\_\_\_

What commands does your dog know?  sit  stay  down  come  heel  give paw  Other

\_\_\_\_\_



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Has your dog attended any obedience training classes?  No  Yes

Has your dog ever been walked on the leash?  No  Yes

Does your dog have problems riding in the car?  No  Yes

Has your dog escaped your property 2 or more times in the last 6 months?  No  Yes

## REACTIVE BEHAVIORS

Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?  No  Yes  Don't know

Has your dog ever attacked another dog resulting in severe injury or death to another dog?

No  Yes  Don't know

Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?

No  Yes  Don't know

Check the appropriate box if your dog has ever shown any of the following reactive behaviors.

*Do not include reactive behaviors directed toward a veterinarian or groomer.*

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men					
Women					
Children					
Dog					
Other domesticated animal species (cat, rabbit, livestock, etc.)					

If a snap or bite to men or women was checked, did the snap or bite to **ADULT** take place while breaking up a dog fight or while a dog was in severe pain?  No  Yes  Don't know

If snap or bite to children was checked, did the snap or bite to a **CHILD** take place while breaking up a dog fight or while a dog was in severe pain?  No  Yes  Don't know

Explain the circumstances of the **snap or bite**. If you checked more than one bite in the table above, explain the circumstances of every snap or bite. \_\_\_\_\_



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If any reactive behavior to **other dogs, men, women, or children** was checked in the table above, answer the following questions. If does not apply, mark the Not Applicable box.

	Other Dogs		Men		Women		Children	
	Yes	No	Yes	No	Yes	No	Yes	No
<input type="checkbox"/> <i>Table Not Applicable</i>								
Was the reactive behavior over food?								
Was it over bones or rawhides or chews?								
Was it over toys?								
Was it over stolen objects?								
Was it when the dog was disturbed while sleeping or resting?								
Was it when an adult / child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. ? (Do NOT include reaction to vet or groomer)								
Was it when an adult / child entered the house or yard?								
Was it when an adult / child approached or reached toward dog?								

## MEDICAL HISTORY

Does your dog see a veterinarian at least once a year?  No  Yes

If "yes", specify the veterinarian name and contact info:  Vet records are available to new pet owner

Veterinarian Name

Contact info

Check if your dog has ever shown any of the following reactive behaviors when handled by a **vet or groomer**.

	Never done	Show teeth/ growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

Does your dog have to be muzzled at the veterinarian?  No  Yes  Don't know

Does your dog have any past or present medical conditions?  No  Yes  Don't know

Is your dog currently on any medication or special diet?  No  Yes  Don't know

What type of food does your dog eat? (Check all that apply)  Dry  Wet/canned  Table scraps

Feel free to tell us any additional helpful comments. \_\_\_\_\_