



# Dog Owner's Questionnaire

**No one knows and loves your dog the way you do! In order to find the most appropriate home for your dog, please provide as much detail as possible about your dog's history, past veterinary care, likes and dislikes.**

## YOUR CONTACT INFORMATION

Your Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Has your dog bitten anyone or any animal in the last ten days?**  Yes  No

If Yes please describe the circumstances: \_\_\_\_\_

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## GENERAL INFORMATION

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

Dog's age or approximate age \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

Dog's Sex  Male  Female  Unsure Is your dog spayed/neutered? \_\_\_\_\_

Does your dog have a microchip? \_\_\_\_\_ Microchip number \_\_\_\_\_

Where did you get your dog from? \_\_\_\_\_

If you got your dog from a shelter or rescue what was the name of it? \_\_\_\_\_

Did you contact them before bringing your dog to HSWC  Yes  No

Why are you surrendering your dog? \_\_\_\_\_

If we could help you resolve this issue would you be interested in keeping your dog? \_\_\_\_\_

WHAT SHOULD WE KNOW ABOUT YOUR DOG SO WE MAY FIND IT THE BEST HOME?

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## MEDICAL HISTORY

Name of regular veterinarian \_\_\_\_\_

Is your pet current on vaccinations?  Yes  No

May we contact your veterinarian for medical records?  Yes  No

Any known medical issues?  Yes  No If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Is your dog currently on any medication or special diet?  Yes  No If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

What type of food does your dog eat? \_\_\_\_\_

How often do you feed your dog? \_\_\_\_\_ How much? \_\_\_\_\_

**If you have any medical records please bring them with you to your intake appointment.**

## HOME ENVIRONMENT

Please describe the human family members that your dog has lived with (check all that apply):

Adult Men  Adult Women  Senior Citizens  Children (what ages) \_\_\_\_\_

How does your dog behave with members of your family? \_\_\_\_\_

\_\_\_\_\_

Describe your dog's behavior around children \_\_\_\_\_

\_\_\_\_\_

Would you recommend placing this dog in a home with children?  Yes  No

Did your home have visitors on a regular basis?  Yes  No If yes, what ages? \_\_\_\_\_

Describe your dog's behavior when visitors come over \_\_\_\_\_

\_\_\_\_\_

What other animals has your dog lived with? (check all that apply)

Male Dogs  Female Dogs  Cats  Birds  Rabbits  Reptiles

Farm animals (what kind) \_\_\_\_\_  Small animals(what kind) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Describe your dog's behavior around other dogs in the home. \_\_\_\_\_



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Would you recommend placing this dog in a home with other dogs?  Yes  No

Describe your dog's behavior around cats \_\_\_\_\_

Would you recommend placing this dog in a home with cats?  Yes  No

Describe your dog's behavior around other animals \_\_\_\_\_

Where was your dog kept when no one was home?

- Free Run of the House  Crate  In fenced yard  In garage or basement  
 Confined to kitchen or bathroom  Outside on chain or runner  Electric Fence  
 Other (please explain) \_\_\_\_\_

On average how many hours was the dog left alone? \_\_\_\_\_

How many hours a day was the dog kept outside?

- Lived indoors/potty breaks only  1-2 hours  3-4 hours  5 hours or more  
 Lived outdoors  Allowed inside only at night

If you have a fenced yard what type of fence is it? \_\_\_\_\_

Was your dog allowed out in the yard unsupervised? \_\_\_\_\_

Has your dog ever escaped its confinement?  Yes  No

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

Where does your dog usually sleep overnight? \_\_\_\_\_

Is your dog housetrained?  Yes  No  Almost (started training)

*If no please check all that apply:*

- Dog urinates inside the home daily  Urinates inside the home occasionally  
 Defecates inside home daily  Defecates inside home occasionally

Do your dog's housetraining accidents most often occur (check all that apply)

- When dog is not closely supervised  When dog is not kept on a schedule  
 When dog is overexcited  When dog signals to be let out and is ignored  
 When dog is sleeping  Other (please explain) \_\_\_\_\_

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



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How does your dog behave on leash? \_\_\_\_\_

Did you crate train your dog?  Yes  No

If yes, does he enjoy spending time in his crate? \_\_\_\_\_

Does your dog bark or cry while in the crate?  Yes  No

If yes, how often? \_\_\_\_\_

Is your dog destructive if left alone inside the home?  Yes  No (If yes, check all that apply)

Chews woodwork/walls  Chews Furniture  Chews Plants

Chews clothing/shoes  Chews on windows/doors  Chews toys/stuffed animals

Other (please explain) \_\_\_\_\_

### **OBEDIENCE, EXERCISE, PLAY AND BEHAVIOR**

Has your dog had any obedience training?  Yes  No

If yes please describe \_\_\_\_\_

What commands does your dog know? Please check all that apply:

Sit  Stay  Down  Heel  Come  Drop it

Leave it  Take it  Wait  Off

Other (please explain) \_\_\_\_\_

How many hours did a human interact with your dog each day? \_\_\_\_\_

How did you reward your dog? \_\_\_\_\_

How did you discipline your dog? \_\_\_\_\_

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

Plays Gently

Just likes to hang out

Plays rough but stops when told

Tends to herd

Plays very physically

Jumps and uses mouth in play

Prefers to chase

Games quickly escalates out of control

Respectful

No interest in playing with people

Other (please explain) \_\_\_\_\_

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

Shows no interest in toys

Frisbee

Squeaky Toys

Plastic Toys

Tennis ball/rubber ball

Rope Toys

Shoes

Rocks



## Dog Owner's Questionnaire

Plush/Stuffed toys       Sticks       Children's toys

Other (please explain) \_\_\_\_\_

What games does your dog enjoy?

Fetch     Tug     Chase     Wrestling     None

Other (Please describe) \_\_\_\_\_

How much exercise does your dog need? Are there any particular activities that he enjoys? \_\_\_\_\_

Does your dog like to swim or play in water?  Yes  No

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

Describe your dog's behavior in the car:

Loves it       Hates it       Tolerates it       Nervous

Afraid, but OK     Calm       Car sick       Protective of car

Destructive     Never rides in car

Other (Please describe) \_\_\_\_\_

Are there any places on your dog's body he/she doesn't like being touched, brushed or petted?  Yes

No    If yes, please explain: \_\_\_\_\_

Does your dog like to be bathed?  Yes  No

Does your dog like to be brushed?  Yes  No

How does your dog react to having it's nails trimmed? \_\_\_\_\_

### **BEHAVIORAL CONCERNS**

If your dog has bitten in the past the Kennel Director will be in contact with you to discuss the circumstances regarding the bite.

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

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

Yes     No     Don't Know



## Dog Owner's Questionnaire

Has your dog ever attacked another domesticated animal species (cats or livestock) resulting in severe injury or death to another domesticated animal?

Yes  No  Don't Know

If your dog has snapped or bitten did it take place while breaking up a dog fight or while the dog was in pain?  Yes  No

Please explain the circumstances of the snap or bite.

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If your dog has ever shown aggressive behavior please fill out the table below. If it does not apply, skip the table

	Yes	No
Was the aggressive behavior over food?		
Was it over bones or rawhides or chews		
Was it over toys?		
Was it over stolen objects?		
Was it while the dog was disturbed while sleeping or resting?		
Was it when an adult or 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 or child entered the house or yard?		
Was it when an adult or child approached or reached toward the dog?		