

Dog Owner's Questionnaire



Provide as much detail as possible about your dog.

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

YOUR CONTACT INFORMATION

Your Name: _____ Primary Phone: _____

Email: _____

Address: _____

City _____ State: _____ Zip _____

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

If yes, was this reported to animal control, law enforcement, or the health department? ☐ Yes ☐ No

If yes, in which jurisdiction was the report made? _____

If Yes please describe the circumstances: _____

GENERAL INFORMATION

Dog's Name : _____ Dog's Breed: _____ Dog's age: _____

Dog's Sex? _____ Spayed/neutered? _____ Microchip? _____ Microchip number? _____

How long have you had your dog? _____ Where did you get your dog? _____

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 Winchester SPCA? ☐ Yes ☐ No

Why are you surrendering your dog? _____

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

BEHAVIORAL CONCERNS

Has your dog ever snapped or bit a person with or without breaking skin? ☐ Yes ☐ No ☐ Don't Know

Explain: _____

Has your dog ever inflicted a serious bite to a person? ☐ Yes ☐ No ☐ Don't Know

Explain: _____

Has your dog ever bit another dog? ☐ Yes ☐ No ☐ Don't Know

Explain: _____

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Has your dog ever attacked a dog resulting in severe injury or death? ☐ Yes ☐ No ☐ Don't Know

Explain: _____

Has your dog ever attacked another animal to include cats, farm animals, or small animals, etc.?

☐ Yes ☐ No ☐ Don't Know Explain: _____

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?		

MEDICAL HISTORY

Name of regular veterinarian _____

May we contact for medical records? ☐ Yes ☐ No Vaccinations current? ☐ Yes ☐ No

Any known medical issues? ☐ Yes ☐ No

Please list issues: _____

Is your dog currently on any medication or special diet? ☐ Yes ☐ No

What type of food does your dog eat? _____

How often do you feed your dog? _____ How much? _____

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? _____

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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

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 ☐ Farm animals ☐ Small animals

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

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

Describe your dog's behavior around cats in the home. _____

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

Where does your dog usually sleep overnight? _____

Where was your dog kept when no one was home?

☐ Free Run of the House ☐ Crate ☐ In fenced yard ☐ Confined to a room or area

☐ Outside on chain or runner ☐ Electric Fence

How many hours was the dog left alone? _____

How many hours was your dog kept outside? _____ ☐ Lived indoors/potty breaks only ☐ 1-2 hours ☐ 3-4 hours

☐ 5 hours or more ☐ Allowed inside only at night

Was your dog allowed out in the yard unsupervised? _____

Has your dog ever escaped its confinement? ☐ Yes ☐ No

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

Explain: _____

Has your dog ever been walked on a leash? ☐ Yes ☐ No How does that go? _____

Did you crate train your dog? ☐ Yes ☐ No Do they enjoy the crate? ☐ Yes ☐ No

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

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Please explain: _____

Does your dog have separation anxiety? ☐ Yes ☐ No

Please explain: _____

OBEDIENCE, EXERCISE, PLAY AND BEHAVIOR

Has your dog had any obedience training? ☐ Yes ☐ No

Describe type of training and name of trainer or training facility: _____

What commands does your dog know? _____

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)

- | | |
|--|--|
| <input type="checkbox"/> Plays Gently | <input type="checkbox"/> Just likes to hang out |
| <input type="checkbox"/> Plays rough but stops when told | <input type="checkbox"/> Tends to herd |
| <input type="checkbox"/> Plays very physically | <input type="checkbox"/> Jumps and uses mouth in play |
| <input type="checkbox"/> Prefers to chase | <input type="checkbox"/> Games quickly escalate out of control |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> No interest in playing with people |

How many daily hours of exercise does your dog need? _____

Are there any activities that he enjoys? _____

Describe your dog's behavior in the car: _____

Are there any places on your dog's body he/she DOES NOT like being touched or petted?

☐ Yes ☐ No Explain: _____

Does your dog like to be bathed? ☐ Yes ☐ No Brushed? ☐ Yes ☐ No Nails trimmed? ☐ Yes ☐

I hereby certify that I am the legal owner of the dog represented in this questionnaire and that all information provided is accurate and truthful.

Print Name: _____

Signature: _____

Date: _____

Witness at intake: _____