



Date: _____

A#: _____

Dog/Puppy: Supplementary Information

Please take your time and give us as much information as possible. Your input will enable us to place your pet in the kind of home he/she needs.

I. Basic Information

Dog's Name: _____ **Age:** _____ wks mos yrs **Sex:** M F **Spayed/Neutered:** Yes No

How long have you had the dog: _____ wks mos yrs

Where did you get the dog:

- Pet Shop Breeder Found as stray Gift Shelter [Which shelter? _____]
- Friend Relative Litter at home Internet Giveaway

Dog has lived with:

- Men Women Children: How many? _____ Please list their ages: _____
- Cats: How many? _____ Dogs: How many? _____ Please list each dog's size and sex: _____
- Other: _____

Why are you surrendering the dog? _____

II. Health and Medical History

(Please provide all veterinary records)

Veterinarian: _____ **City:** _____

Does your dog require special handling at the vet? If so, please explain: _____

Dog is fed: _____ times/day **Type/brand of dog food:** _____

Any food allergies? _____

Is the dog currently on any medications? _____

If currently taking medication, what date & time was the last dose administered? _____

Staff notes: _____

III. House Training

Is the dog house trained? Yes No Sometimes

How long can the dog go without a potty break during the day? _____ **During the night?** _____

How does the dog ask to go out? _____

Can the dog be left in the house unsupervised for an extended period (up to 8hrs)? Yes No Unknown

If "No," what happens? _____

- Dog's favorite activities:**
- Being close to people Rough- housing Riding in car Fetch
- Tug play Swimming/water play Playing w/ other dogs Being pet Walks
- Sleeping on bed/couch Being brushed Other: _____
- How would you describe your dog's activity level?** Very sedate Moderate Energetic

Staff notes: _____

IV. Dog's Preferences & Behavior

↓ In the following blanks, write "L" if dog likes, "D" if dog dislikes, "F" if dog fears, or "?" if unknown due to no exposure. Please also check the appropriate box to indicate the dog's specific behavior.

1. ____ **Men**
 Friendly Tolerant Hides/cowers Initially wary then warms Barks/growls Other (explain below)
2. ____ **Women**
 Friendly Tolerant Hides/cowers Initially wary then warms Barks/growls Other (explain below)
3. ____ **High-school-aged children (ages 13 and up)**
 Friendly Tolerant Plays rough Jumps Hides/cowers Barks/growls Other (explain below)
4. ____ **Older children (ages 10 - 13)**
 Friendly Tolerant Plays rough Jumps Hides/cowers Barks/growls Other (explain below)
5. ____ **Younger children**
 Friendly Tolerant Plays rough Jumps Initially wary then warms Barks/growls Other (explain below)
6. ____ **Indoor cats**
 Ignores Tolerant Friendly Chases Plays rough Barks/growls Other (explain below)
7. ____ **Outdoor cats**
 Ignores Tolerant Friendly Chases Barks/growls Other (explain below)
8. ____ **Strangers visiting the home**
 Initially wary then warms up Remains wary Barks initially then is friendly Friendly/excited/jumps
 Have not permitted dog to meet strangers visiting the home Other (explain below)
9. ____ **Strangers outside the home or on leash**
 Initially wary then warms up Remains wary Barks initially then is friendly Friendly/excited/jumps
 Have not permitted dog to meet strangers outside the home Other (explain below)
10. ____ **People running/biking/skateboarding (Circle all that apply)**
 Ignores (runners/bikes/skateboards) Chases (runners/bikes/skateboards)
 Pulls towards (runners/bikes/skateboards) Barks (runners/bikes/skateboards) Other (explain below)
11. ____ **Meeting other dogs when on leash**
 Ignores Friendly/playful Pulls to greet Barks Growls Lunges
 Have not permitted dog to greet other dogs on leash Other (explain below)
12. ____ **Meeting other dogs when off leash**
 Ignores Friendly/Playful Plays rough Have not permitted dog to greet other dogs off leash
 Other (explain below)

Please further explain how the dog behaves for any dislikes or fears indicated on the previous page:

Any other objects or situations the dog dislikes or fears? Thunder Car rides Baths Nail trims

Other: _____

Please explain how the dog reacts to the fears you specified above: _____

Staff notes: _____

V. Dog's Routines and Habits

Is the dog primarily: House dog Outdoor dog Both

How much time does the dog spend outside: During the day? _____ hours During the night? _____ hours

When outdoors, the dog is: Chained/tethered On overhead trolley/wire In fenced yard
 In un-covered dog pen/run In covered pen/run Loose

If in a fenced backyard, the fence is _____ feet high and is made of:

Solid wood Picket Chain link Wire mesh Electric/invisible Other: _____

Does the dog stay within the fenced area? Yes No

If no, how does he/she escape? Dig under Climb over Jump over Break through Fence insecure Unknown

Has the dog ever escaped under other circumstances? Gate or door left open Pulled free during on-leash walk

Darted out door when someone was entering/leaving Other: _____

If the dog has gotten out, does he/she: Come back when called Return on his/her own

Other: _____

When outdoors, the dog has access to: Dog house Garage or outbuilding Porch or deck

Other: _____

Does the dog have access to the house by a dog door? Yes No

When indoors, the dog: Has run of the house Is crated Can access porch/garage/basement Is kept under supervision

Does your dog crate train? Yes No How many hours per day? _____ How many hours per night? _____

What kind of crate(s) do you use? Wire crate Airliner (4 latch points) Airliner (6 latch points)

Where are your crates kept? _____

Where does the dog sleep at night? _____

Are other animals with the dog while the dog is left alone: Yes No

If yes, which animals? _____

Staff notes: _____

VI. Guarding Behaviors

1. **Guarding from PEOPLE:** Food guarding Toy guarding

Dog has: Stiffened posture Growled Barked Lip curled Snapped Bitten

Please explain: _____

2. **Guarding from OTHER DOGS:** Food guarding Toy guarding

Dog has: Stiffened posture Growled Barked Lip curled Snapped Bitten Fought

Please explain: _____

Have you attempted to correct any behavior problems by training, management, or medical treatment: Yes No

Please explain: _____

Please provide the name of your trainer(s), if applicable: _____

Were you able to correct the problem? Yes No

Staff notes: _____

VII. Bite History

Has the dog ever bitten a person? Yes No

If yes, please see front desk for supplemental "Bite Information Form"

Has the dog harmed another animal? Yes No

If yes, please see front desk for supplemental "Animal Injury Form"

Has the dog killed another animal? Yes No

If yes, please see front desk for supplemental "Animal Injury Form"

Please add anything else you would like us to know below:

For staff use only:

Client Care Team Member Initials: _____ **Date:** _____

Filled Out Form **OR** **Reviewed Form**