



Animal ID Number: _____
FOR OFFICE USE ONLY

Dog's Name: _____

Reason for surrender:

HOUSEHOLD HISTORY

1. Is your dog potty trained? YES NO
If yes, how does the dog let you know he has to go out?

2. How long can the dog "hold it" before it has to go to the bathroom?
 Not at all 1-3 hours 4-8 hours 9-12 hours 12+ hours
3. Is your dog crate trained/ comfortable staying in a crate? YES NO
4. How long is your dog left alone, without people?
 Never 1-3 hours 4-8 hours 9-12 hours 12+ hours
When alone, the dog is:
 Outdoors Free in the house Confined to a room Crated Other: _____
5. When left alone the dog:
 Barks Is destructive Urinates/ Defecates Is anxious
*If you checked **destructive**, what has the dog destroyed?*

6. How does the dog react to petting and hugging from people he knows? From strangers?

7. Are there areas on the dog's body that it does NOT like to be touched?

If touched in any area listed above, how does the dog respond?

8. Have you ever taken the dog to an obedience class? YES NO
9. What commands does your dog know?

10. What is the dog's favorite type of toys?

11. Does the dog have any "bad habits" or fears (chewing shoes, jumping on people, hiding during thunderstorms, barking at the vacuum, etc)?

BEHAVIOR HISTORY

1. Has the dog bitten **and broken skin** in the last 10 days? YES NO
If YES, please write as much information on the bite/attack as possible:



2. Please check the appropriate box if there are any reports of the dog **ever** showing any of the following aggressive behaviors toward familiar and unfamiliar men or women.

	<u>Show Teeth/Growl</u>	<u>Snap</u>	<u>Bite</u>	<u>None</u>
Familiar MEN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar MEN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar WOMEN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar WOMEN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the dog been around children? What were their ages?

0 - 6 years 6 - 12 years 12 + years None

4. How does the dog behave around children?

	0 - 6 years	6 - 12 years	12 + years
Playful			
Calm			
Shy/Scared			
Rough			
Snaps/Growls			
Aggressive			
Unpredictable			

5. Has the dog lived with cats? YES NO

If yes, how does the dog behave?

Play Chase Growl/Show teeth Attack/Bite Not interested

If the dog has ever attacked or bitten a cat, what were the circumstances?

6. Has your dog been around other dogs? YES NO

7. How does the dog interact with dogs of different sizes?

	Small	Medium	Large
Playful			
Calm			
Shy/Scared			
Rough			
Snaps/Growls			
Aggressive			
Unpredictable			

If your dog has ever attacked or bitten another dog, what were the circumstances?



8. Do you have a fenced yard? YES NO
If yes, what is the height of the fence?
 4 foot 5 foot 6 foot

9. Has your dog ever escaped the yard? YES NO
If yes, how?
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POSSESSIVE HISTORY: How does the dog react when you or another family member...
 (check appropriate boxes)

	No Reaction	Never Tried	Allows	Lunges	Shows Teeth	Growls	Snaps	Bites	Other (Please Describe)
...pet him/her or touch the bowl or food while eating									
...pet him/her or touch a bone or rawhide while chewing									
...pet him/her or touch a stolen food item or object									
...pet him/her or touch a toy in his/her mouth									
...pet him/her or move him/her while sleeping									
...push or pull him/her off of furniture									
...are approached by a stranger at home (visitor at the door, plumber, etc.)									
...are approached by a stranger in public (dog park, sidewalk, etc.)									

MEDICAL HISTORY

1. Has the dog ever had surgery? YES NO UNKNOWN
If yes, please explain:

2. Is there anything we should know about the dog's medical history?
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