



Dog Owner Questionnaire

We need your help to find the best possible home for your dog. Please complete the information below as thoroughly and carefully as possible. Your dog will appreciate it!

Has your dog bitten in the last ten days? Yes No

General Information

Shelter Arrival Date _____

Dog's Name _____ Nickname _____

Dog's age or approximate age _____

Dog's Sex Male Female Unsure

Is dog spayed/neutered? Yes No Unsure

What kind of I.D. does your dog have? Tattoo (If so, where is it?) _____ Microchip

History

Why are you unable to keep your dog? _____

If surrender reason is behavioral, please explain. _____

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

How long have you owned your dog? _____

Including yours, how many homes has your dog had? _____

Where did you acquire your dog?

- Found as a stray Born in my home From APF News/Online Ad
- Pet Store Another shelter Friend/relative Breeder
- Other _____

General Lifestyle

Do you take your dog outside to go to the bathroom? Yes No

If yes, how many times a day does the dog go out? _____

How does your dog let you know he needs to go out? _____

Does your dog have accidents in the house? Yes No

Is your dog housebroken? If no, please explain. _____

Is your dog crate trained? Yes No

If yes, how long did the dog spend in the crate each day? _____

How long can your dog "hold it?" Not at all 1-3 hours 4-8 hours 9-12 hours 12+ hours

How long is your dog left alone, without people? Never 1-3 hours 4-8 hours 9-12 hours 12+ hours

When alone, is your dog: Outdoors Free in the house Confined to a room Crated

Other - please describe _____

When left alone does your dog:

- Damage household items Urinate Defacate Bark Cry Nothing

If your dog causes damage, what does he do? _____

- Chews windows/doors Chews furniture Chews clothing/shoes Chews toys Other

When you are home does your dog:

- Damage household items Urinate Defecate Bark Cry No issues

Other _____

How does your dog react to bathing/handling such as petting or hugging?

Are there areas of your dog's body on which he does not like to be touched?

- Ears Mouth Tail Collar Rear end Paws/ nails Can touch dog anywhere

Other _____

If touched in the above place(s), how does your dog respond?

- Moves away Shows teeth Growls Snaps Bites No reaction

Doesn't react negatively when touched anywhere Other _____

Is your dog permitted to sit and/or sleep on furniture? Yes No

How does your dog behave in the car? Enjoys Afraid Resists entering Sleeps

- Barks Throws up Urinates/Defecates Never tried Fine in a crate/restraint

What words does your dog understand?

- Sit Stay Down Off Treat/cookie Come Leave it Drop No

- Fetch Okay Heel Quiet Doesn't know any commands

Other _____

What are your dog's favorite kinds of toys? _____

Possessive History

How does your 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, rawhide, pig's ear or other delicious edible while chewing									
... pet him/her or touch a stolen food item									
... pet him/her or touch a stolen object (tissue, shoe, sock, etc.)									
... 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									
... approach him/her while next to another family member									

Medical History & Behavior Toward Veterinarian

Does your dog see a veterinarian regularly? Yes No Not sure

If so, which vet hospital? _____

Is your dog current on vaccinations? Yes No Not sure

Has your dog ever had surgery? Yes No Not sure

If yes, please explain. _____

How does your dog behave during visits to the vet? _____

Does your dog have to be muzzled at the vet? No Yes

Is there anything else we should know about your dog's medical history? _____

Behavior History

Is there anything you want a new family to know about your dog's interaction with:

Men _____

Women _____

Children _____

Dogs _____

Cats _____

Other _____

What types of animals has your dog lived with? (please include sex, age, species) _____

Please describe how they got along. _____

What ages of children has your dog lived/interacted with? _____

Please tell us about your dog's habits or fears (chewing shoes, jumping on counters or people, hiding during thunderstorms, etc.) _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

Dietary Habits

What is your dog's favorite brand of food? _____

Which does your dog eat? Dry only Canned only Combination of dry & canned People food

What type of treats does your dog enjoy? _____

How often is your dog fed? Food always available Designated meal times