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  □ Defecate  □ 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 to 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**

<table>
<thead>
<tr>
<th>How does your dog react when you or another family member ...</th>
<th>No reaction</th>
<th>Never tried</th>
<th>Allows</th>
<th>Lunges</th>
<th>Shows teeth</th>
<th>Growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>Other - please describe</th>
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<tbody>
<tr>
<td>... pet him/her or touch the bowl or food while eating</td>
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<td>... pet him/her or touch a bone, rawhide, pig’s ear or other delicious edible while chewing</td>
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<td>... pet him/her or touch a stolen food item</td>
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<td>... pet him/her or touch a stolen object (tissue, shoe, sock, etc.)</td>
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<td>... pet him/her or touch a toy in his/her mouth</td>
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<td>... pet him/her or move him/her while sleeping</td>
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<td>... push or pull him/her off of furniture</td>
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<td>... approach him/her while next to another family member</td>
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**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