



## Incoming Dog Questionnaire

Dog's Name \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  Male  Female Is s/he spayed/neutered?  Yes  No  Unsure

Including yours, how many homes has your dog had?

1  2  3  4+

How long has this dog lived with you? \_\_\_\_\_

Why can you no longer keep your dog? If surrender is behavioral, please explain:

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

Yes  No

Where did you get the dog from? \_\_\_\_\_

What brand of food do you feed them? \_\_\_\_\_

What type of food do they eat?  Dry Kibble  Canned  Human foods  Raw

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### LIFESTYLE

How would you describe your household?

Very busy  Some activity  Quiet and calm

Do you take your dog outside to go to the bathroom?

Yes  No (potty-pad used)

If yes, how many times a day does your dog go out?  1  2  3  4+

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

I take them out at set times  Cry  Bark  Paw at the door

Other: \_\_\_\_\_

Does your dog have accidents in the house?

Frequently  Occasionally  Rarely  Never

Is your dog crate trained?

Yes  No

If yes, how long did you dog spend in a crate each day? \_\_\_\_\_

**How long can your dog "hold it"?**

- Not at all  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 alone, does your dog:**

- Damage household items  Urinate  Defecate  Bark  Cry  Nothing

If your dog causes damage, what does he/she do? \_\_\_\_\_

**When you are home, does your dog:**

- Damage household items  Urinate  Defecate  Bark  Cry

Nothing  Other: \_\_\_\_\_

**Is your dog permitted to sit and/or sleep on furniture?**

- Yes  No

**How does your dog behave in the car?**

- Enjoys  Resists entering  Sleeps  Barks  Throws up  Urinates/Defecates  
 Never tried  Fine in crate/restraint  Afraid

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**SOCIAL BEHAVIOR**

**How would you describe your dog most of the time? (check all that apply)**

- Friendly to family  Shy to family  Aggressive to family  
 Friendly to visitors  Shy to visitors  Aggressive to visitors  
 Couch potato  Calm  Regular exercise  Energetic  
 Talkative  Quiet  Playful  Cuddly  Independent  
 Working dog  Laid Back  Sky/timid  One person dog

**Dog has lived with:**

- Women  Men  Children (Ages \_\_\_\_\_)  Prefers men  Prefers women  Loves everyone

**If dog has lived with CHILDREN (check all that apply)**

- Dog actively avoided child  Child could pet dog  Child would play with dog  
 Ignored each other  Dog barked/growled at child  Loved each other

Other (please explain) \_\_\_\_\_

**If this dog has lived with other DOGS, how did they interact?**

Did not live with dogs

**(check all that apply)**

- Adored each other     Played together     Slept near each other     Groomed each other  
 Ignored each other     Gentle with others     Peacefully coexisted     Dog feared other dog  
 Dog scared other dog     Fought with injuries     Fought without injuries     Barks at other dogs  
 Other (please explain) \_\_\_\_\_

**What breed(s) and size of dog?** \_\_\_\_\_  Small     Medium     Large

**How long had they lived together?** \_\_\_\_\_

**If this dog has lived with CATS, how did they interact?**

Did not live with cats

**(check all that apply)**

- Adored each other     Played together     Slept near each other     Groomed each other  
 Sniffed noses     Ignored each other     Avoided each other     Dog chased cat  
 Cat tormented dog     Fought with injuries     Fought without injuries     Peacefully coexisted  
 Other (please explain) \_\_\_\_\_

**How long did they live together?** \_\_\_\_\_

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

- Enjoys     Tolerates     Dislikes     Growls/Bites

Other (please explain) \_\_\_\_\_

**Are there areas of your dog's body that he/she does not like touched?**

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

Other \_\_\_\_\_

If touched in the above area(s) what does he/she do?  
\_\_\_\_\_

**What words/commands does your dog know?**

Does not know any commands

- Sit     Stay     Down     Treat/Cookie     Come     Leave it     Drop it     No     Fetch

Okay     Heel     Quiet     Off     Other: \_\_\_\_\_

**What are your dog's favorite types of toys?**

Not interested in toys

- Plush/Stuffed  Squeaky  Rope  Balls  Rubber toys  Bone

**How does your dog like to play? (check all that apply)**

Not interested in play

- Like to plays rough  Plays nicely /gently

**Enjoys:**  Fetch  Tug-of-war  Likes to learn tricks for treats  Other: \_\_\_\_\_

**How does your dog react when you or another family member pet or touch...?**

**(Check all that apply)**

	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other – please describe
The bowl of food while eating									
A bone, rawhide, pig's ear while chewing									
A stolen food item (from table or counter)									
A stolen object (shoe, sock, etc.)									
A toy in their mouth while playing									
Or move them while sleeping									
Or push/pull them off of furniture (bed or couch)									
If they are next to another family member									

**How does your dog react to visitors or strangers?**

Has not met strangers

- doesn't care/change behavior  Retreats/hides  Excited but appropriate

Overly excited (Jumpy/mouthy)  Other \_\_\_\_\_

**Has this dog ever:**

- Bitten and drawn blood  Bitten without blood  Neither

If the dog has bitten, when did the last bite occur? \_\_\_\_\_

Details surrounding the bite: \_\_\_\_\_

**HEALTH**

**Does your dog see a veterinarian regularly?**

Yes  No  Unsure

Name of vet's office/hospital: \_\_\_\_\_

**Is your dog current on vaccinations?**

Yes  No  Unsure

**Is your dog currently taking any medications?**

Yes  No  Unsure

If yes, please list: \_\_\_\_\_

**Has your dog ever had surgery?**

Yes  No  Unsure

If yes, what surgery and why? \_\_\_\_\_

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

Loves it  Tolerates  Is afraid  Will growl/bite

**Does your dog have to be muzzled at the vet?**

Yes  No

**What else would you like an adopter need to know about your dog:**

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**I authorize the release of my pet's medical records to the APF \_\_\_\_\_**

(Signature)

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**STAFF USE ONLY – Initial each item**

\_\_\_\_ Review the profile

\_\_\_\_ If RTO option, note in PetPoint

\_\_\_\_ Enter behavior notes in PetPoint

\_\_\_\_ If house soiling profile, add notes to PetPoint