Basic Dog Intake Questionnaire

Your dog is unable to tell us what we need to know to place him/her in the best home possible. We need you to help him/her by giving detailed and honest answers.

Has your dog bitten anyone in the last ten days? ❑ Yes ❑ No If yes, did the bite break skin? ❑ Yes ❑ No

Has your dog ever bitten anyone? ❑ Yes ❑ No

Has your dog ever injured or killed another animal? ❑ Yes ❑ No If Yes, please explain: _____

If YES to any of the above questions, please inform staff immediately.

General Information

Dog's Name _____ Breed(s) _____ Age _____

How long have you had this dog? _____

Does your dog have a microchip? ❑ Yes ❑ No

Is your dog spayed or neutered? ❑ Yes ❑ No

Please explain why you are surrendering your dog: _____

_____

Your Dog's Health

When was the last time your dog was taken to a Veterinarian? ❑ 3 mos. ❑ 6 mos. ❑ Last Year ❑ Other _____

Current Veterinarian_____ Clinic _____ Phone # _____

How does your dog react to going to the vet? _____

Has your dog been vaccinated in the last year? ❑ No ❑ Yes Date of last vaccination _____

Are you aware of any health issues your dog has? ❑ No ❑ Yes ➲ if yes, please explain: _____

_____

Does your dog require medication on a regular basis? _____

****Please attach all medical records to this questionnaire.**

Is your dog allergic to anything? ❑ Yes ❑ No ❑ Unsure

If yes, do you know what your dog is allergic to? _____

What brand or type of dog food are you feeding your dog? _____

Home Life

Where did your dog spend most of his/her time? ❑ Inside ❑ Outside ❑ Inside/Outside

Where was your dog kept when no one was home?

❑ Free run of the house ❑ Crated ❑ In fenced yard
❑ Confined to a room or garage ❑ Outside on chain, runner, or dog run ❑ Loose on property/farm
❑ With friends/family/doggie day care

Did your dog live with children in your home? ❑ Yes ❑ No

Would you recommend this dog live with children? ❑ Yes ❑ No

Why or why not? _____

Describe your dog's behavior around children. (Check all that apply)

- ❑ Never been around children
- ❑ Friendly/Playful
- ❑ Gentle
- ❑ Snappy at times
- ❑ Too active/ Excited
- ❑ Adores children
- ❑ Nervous/Frightened
- ❑ Indifferent
- ❑ Unpredictable
- ❑ Avoids children
- ❑ Other (please explain) _____

Will your dog allow children to touch or handle food dishes without getting upset? ❑ Yes ❑ No ❑ Unknown

Please check all animals that your dog has *lived* with: (check all that apply)

- ❑ Male dogs
- ❑ Female dogs
- ❑ Cats
- ❑ Farm animals (what kind?)_____
- ❑ Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? ❑ Yes ❑ No
Why or why not? _____

Describe your dog's behavior around cats. (Check all that apply)

- ❑ Never been around cats
- ❑ Respectful
- ❑ Friendly/Playful
- ❑ Aggressive or chases to harm
- ❑ Frightened
- ❑ Chases for fun
- ❑ Ignores or avoids
- ❑ Has killed a cat

Would you recommend placing this dog in a home with cats? ❑ Yes ❑ No
If no, please explain: _____

Behavior and Training

Do any of the following upset your dog? (check all that apply)
If yes, please explain: _____

- ❑Adult family members
- ❑Children family members
- ❑Strangers at door
- ❑Visiting adults
- ❑Visiting children
- ❑Vet or groomer
- ❑Pedestrians
- ❑People near his/her food
- ❑Neighbor's pets
- ❑Thunder/Fireworks/Loud noises
- ❑Nail trims, brushing, bathing

Has your dog ever wandered or run away? ❑ Yes ❑ No If yes, how often? _____
If so, does he/she come when called? ❑ Yes ❑ No

Is your dog housetrained? ❑ Yes ❑ No ❑ Almost (started training)
If your dog is housetrained, how do you know he/she needs to go out? _____

When your dog has had an accident, how have you dealt with this problem? (Check all that apply)

- ❑ Consult vet or trainer
- ❑ Confined dog
- ❑ Kept dog outside
- ❑ Ignored
- ❑ Spanked dog or rubbed nose in it
- ❑ Acted "mad" at dog
- ❑ Cleaned up, not the dog's fault

How does your dog behave when left alone (check all that apply)

- ❑ Housesoils
- ❑ Barks/Vocalizes
- ❑ Sleeps/is relaxed
- ❑ Digging
- ❑ Escapes
- ❑ Is anxious (pacing, drooling, whining)
- ❑ Chews (what items?)
- ❑ Gets into garbage
- ❑ Scratches (doors, walls, etc.)
- ❑ Other (please explain) _____

Is your dog protective or possessive of any of the following? (Check all that apply)

- ❑ Food (with other pets)
- ❑ Toys (with other pets)
- ❑ His/Her body
- ❑ Of property
- ❑ Food (with people)
- ❑ Toys (with people)
- ❑ Of owner/family
- ❑ Bed/couch
- ❑ Bones or rawhide chews
- ❑ Vehicle
- ❑ Other (please explain) _____

What does your dog love? (For example- favorite places, treats, toys, activities, food)

_____
_____
_____

Is there anything else you would like us to know about this dog?

_____
_____
_____
_____
_____
_____
_____
_____
_____

I authorize the transfer of my animal's information (as listed above) to a new owner in the event that this animal is placed for adoption. The information on this form is to the best of my knowledge, accurate and complete.

Initials: _____

Date: _____

Thank you for taking the time to answer these questions honestly. Everything you have told us about your dog is important.

-*WHS Staff*