



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