

Home History for Surrendered Dogs



The information you provide aids us in setting your dog up for success in our shelter and enhances our ability to determine the most appropriate placement possible. *Thank you for providing **complete** and **truthful** answers to the questions below.*

Primary Background:

Dog's Name: _____ Date: _____

Has your dog bitten a person in the last 10 days? No Yes

If yes, did the bite break skin? No Yes* ***STAFF: Fill out Dog Bite History Google form**

Has your dog ever bitten a person and broken skin? No Yes

Has your dog ever injured or killed another animal? No Yes

If yes, please provide details: _____

Why are you surrendering your dog to us? _____

What could we provide that would allow you to keep your dog? _____

If we can provide the above, are you interested in keeping your dog? No Yes

How long have you had your dog? _____ Where did you get your dog? _____

Is your dog microchipped or tattooed? No Yes Is your dog spayed or neutered? No Yes

What veterinary clinics have seen your dog? _____

What does your dog do at the veterinary clinic? _____

What vaccinations has your dog received in the last year? DHPP/combo 1 yr Rabies
3 yr Rabies Bordetella Other: _____

What, if any, health issues does your dog have? _____

What, if any, medication or supplements is your dog taking? _____

Is your dog allergic to anything, including food? _____

Where does your dog not like being touched, petted, or brushed? _____

What food is your dog currently on? _____

How much do they eat? _____ cups/day How often do they eat? _____ times/day

Where did your dog spend most of their time? Inside with family Inside away from family
Outside on chain/tether Outside in dog run/kennel Outside in yard

With which animals has your dog lived as an adult? Female dogs Male dogs Small dogs
Big dogs Pups Senior dogs Cats Pocket Pets Birds Livestock Poultry

Please list types/sex of animals with whom your dog has lived peacefully: _____

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Please indicate all animals with whom your dog has lived but had issues (*describe issues*):

Describe your dog's behavior around cats: _____

Describe your dog's behavior and play style with other dogs:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chases in play | <input type="checkbox"/> Guards from dogs | <input type="checkbox"/> Barks at dogs |
| <input type="checkbox"/> Wrestles/grabs in play | <input type="checkbox"/> Avoids/Hides | <input type="checkbox"/> Friendly w/all dogs |
| <input type="checkbox"/> Mingles/Indifferent | <input type="checkbox"/> Tense and still | <input type="checkbox"/> Friendly w/some |
| <input type="checkbox"/> Snuggles/shares space | <input type="checkbox"/> Growls, snaps, or bites | <input type="checkbox"/> Not friendly w/most |
| <input type="checkbox"/> Seeks interactions | <input type="checkbox"/> Starts fights; attacks | <input type="checkbox"/> Not friendly with any |
| <input type="checkbox"/> Wiggly and playful | <input type="checkbox"/> Stares and stalks | <input type="checkbox"/> Never been around |

Has your dog been in a fight with another dog? No Yes If yes, please describe: _____

Is your dog housetrained? No Yes

How does your dog behave when left alone?

- | | | |
|---|---|---|
| <input type="checkbox"/> Sleeps/rests | <input type="checkbox"/> Urinates/Defecates | <input type="checkbox"/> Chews/scratches walls |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Digs in yard | <input type="checkbox"/> Paces |
| <input type="checkbox"/> Plays with other dog | <input type="checkbox"/> Digs in carpet/bedding | <input type="checkbox"/> Drools |
| <input type="checkbox"/> Eats food/food toys | <input type="checkbox"/> Chews/scratches Doors | <input type="checkbox"/> Barks/cries a little |
| <input type="checkbox"/> Will not eat | <input type="checkbox"/> Chews Furniture/Items | <input type="checkbox"/> Barks/cries persistently |

Does your dog ever try to escape from your yard, house, or walking gear? No Yes, by:

Digging	Fence jumping	Fence climbing	Chewing	Door dashing
Jumping Through Screens	Backing out of collar/harness			No fence

Is your dog frightened of any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Babies/toddlers | <input type="checkbox"/> Sudden movement | <input type="checkbox"/> Thunderstorms |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Being carried | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Strangers/visitors | <input type="checkbox"/> Loud voices | <input type="checkbox"/> Vet/groomer |
| <input type="checkbox"/> Men | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Car/travel |
| <input type="checkbox"/> Women | <input type="checkbox"/> Fireworks | <input type="checkbox"/> New places |
| <input type="checkbox"/> Collars | <input type="checkbox"/> Leashes | <input type="checkbox"/> Going on walks |
| <input type="checkbox"/> Harnesses | <input type="checkbox"/> Crate | <input type="checkbox"/> Crowds |

Being touched/handled (if so, where/how: _____)

Other animals (if so, what kind): _____

Did your dog live with children (under 15 years) in your home? No Yes, ages: _____

Describe your dog's behavior around the children he lived with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Never around children | <input type="checkbox"/> Friendly/relaxed | <input type="checkbox"/> Stares/tense |
| <input type="checkbox"/> Growly sometimes | <input type="checkbox"/> Watches over | <input type="checkbox"/> Stalks/creeps |
| <input type="checkbox"/> Snappy sometimes | <input type="checkbox"/> Gentle | <input type="checkbox"/> Chases |
| <input type="checkbox"/> Has bitten | <input type="checkbox"/> Seeks out | <input type="checkbox"/> Nervous/agitated |

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- Indifferent
- Avoids/hides

- Jumpy/knocks over
- Mouthy/grabby

- Defensive
- Barky

Aggressive: _____

How has your dog responded to the following?

	Relaxed	Wiggly	Seeks	Indifferent	Avoids/Hides	Barks	Growls	Snaps	Has bitten
Adult family									
Children family									
Teenage family									
Strangers at door									
Passers-by home									
Visiting adults									
Visiting children									
Vet/Groomer									
Strangers passing on walks									
Strangers approach/try to pet									
People near dog's food									
People near dog's toys/chews									
People near dog's resting place									
Pets through fence									
Pets near dog's food									
Pets on walks									
Strangers approaching car									

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Comprehensive Background:

How does your dog behave during nail trims? _____

How does your dog behave during baths? _____

Was your dog allowed on furniture? No Yes

How does your dog spend his time at home? _____

Where was your dog kept when family was home?

Where was your dog kept when family was gone? _____

How was your dog confined when outdoors? _____

How does your dog behave in a crate? _____

When and how long did your dog generally spend crated?

How does your dog tell you they need to eliminate? _____

Does your dog ever eliminate indoors? No Yes

If yes, when does the dog typically eliminate? _____

When your dog has had an inappropriate elimination, how have you responded? _____

Has your dog attended any professional training? No Yes If yes, where? _____

What verbal cues does your dog understand most of the time?

How does your dog behave while traveling in a car? _____

How is your dog confined when in a car? _____

Did your home have adult visitors on a regular basis? No Yes If yes, how did your dog do with adult visitors? _____

Did your home have child visitors on a regular basis? No Yes If yes, how did your dog do with child visitors? _____

Will your dog take treats gently from children? No Yes Unknown

How does your dog react to being pet by children? _____

How has your dog responded to a child tripping or falling over your dog?

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What are your dog's favorite treats?

What are your dog's favorite toys?

What does your dog enjoy chewing? _____

What does your dog enjoy shredding? _____

Does your dog enjoy digging? No Yes

Describe your dog's playstyle with people: _____

Does your dog regularly attend dog parks or dog day care? Yes No

What activities does your dog enjoy? _____

What five words would you use to describe your dog's personality?

What and how much exercise is your dog used to receiving on a daily basis?

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

By *initialing* this form, I attest that I have been truthful and complete with the information I shared.

Initials

Date