



Incoming Dog Profile

This questionnaire provides us with information about how your dog behaved in many different circumstances while s/he was living with you. Because your dog is likely to behave in similar ways in his new home, this information will help us find the most suitable home for your dog and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated so that we can place your dog carefully and successfully in a new home.

By signing below, I certify that the information I have provided is accurate and truthful to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Dog Name _____



Dog and Household Information

1. Dog's Name _____ 2. Sex Male Female 3. Age years _____ months _____

4. Breed _____ 5. How long have you had this dog? Years _____ months _____

6. Is the dog spayed/neutered? Yes No

7. Your relationship to the dog? Owner Friend/Caretaker Foster Owner Other ____

8. Where did you get this dog from?

This shelter Friend/Relative Found/Stray Breeder Pet Store Online

Other shelter/rescue (please describe) _____

Other (please describe) _____

9. Why are you giving up this dog? _____

10. Including yourself, how many people of the following ages live in your household?

(Please fill in the boxes)

Age Range (Years)	Female	Male	Age Range (Years)	Female	Male
0-3			18-29		
4-9			30-59		
10-17			60+		

11. What other animals did this dog live with?

No other animals in the household Dogs Cats Other _____

If other animals were present, list breed/type, age, and if spayed/neutered _____



Typical Behavior

12. How does your dog *usually* behave toward the following? (Please check the boxes)

	Never Encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

13. Does your dog *usually* uncontrollably chase or attempt to chase any of the following?

- Joggers
 Bicycles
 Skateboarders/Rollerbladers
 Cars/Motorcycles
 Outdoor Cats
 Squirrels or other small animals
 Birds
 Doesn't Chase
 Other (please describe) _____

14. How does your dog *usually* react when you or another family member does the following?

	Never Tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe Feet								



15. How does your dog *usually* react when an unfamiliar person approaches or enters the yard or house?

- Friendly Afraid Barks Shows teeth/growls Snaps Bites None of these

16. Do you take your dog out to go to the bathroom?

- Yes (please specify how many times per day): _____ No/Paper trained

17. Does your dog *usually* have accidents in the house?

- Yes (please specify how many times per day): _____ No

18. Where does your dog spend most of his/her time?

- Inside the house, runs free Inside the house, in cage Outside the house, in cage
 Outside the house, runs free in neighborhood Outside the house, runs free in yard
 Outside the house, tied Other (please describe) _____

19. How long is your dog left alone, without people, during the week?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

20. When your dog is left alone, is he/she:

- Outdoors Free in home Confined to a room In a cage Other (describe) _____

21. When left alone, does your dog *usually* show any of the following behaviors? (check all that apply)

- Destroy household items Urinate/Defecate Bark Cry None of these

22. When you are home, does your dog *usually* show any of the following behaviors? (check all that apply)

- Destroy household items Urinate/Defecate Bark Cry None of these

23. When your dog plays, does he/she typically... (check all that apply)

- Jump Growl Bark Bite lightly Bite hard None of these

24. What toys does your dog like? (check all that apply)

- Balls Frisbee Plush Squeaky Tug Toy None Other (describe) _____

25. What games does your dog like? (check all that apply)

- Fetch Tug Chase Wrestling None Other (describe) _____



26. Is your dog scared of anything?

Yes (please describe) _____

No

27. Please tell us your dog's "bad habits." _____

28. Is your dog allowed on furniture? Yes No

29. Where does your dog *usually* sleep overnight?

Cage Floor Dog Bed Couch Owner's Bed Other (describe) _____

30. What commands does your dog know?

None Sit Stay Down Come Heel Give Paw

31. Has your dog attended any obedience classes? Yes No

32. Has your dog ever been walked on a leash? Yes No

33. Does your dog have trouble riding in the car?

Yes (please describe) _____

No Unsure

34. Has your dog escaped your property 2 or more times in the past 6 months?

Yes (please describe) _____

No

Aggressive Behavior

35. Is there any report of your dog ever inflicting a serious bite to a person such as an attack or a bite requiring hospitalization? Yes No Don't Know

36. Has your dog ever attacked another dog resulting in severe injury or death to that dog?

Yes No Don't Know

37. Has your dog ever attacked another domesticated animal species (cats or livestock, but not "small animals" like hamsters, guinea pigs, etc.) resulting in severe injury or death to that animal?

Yes No Don't Know



38. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dogs, or another domesticated animal species (cats or livestock, not “small animals” like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/ growls	Snaps	Bites	None of these	Do not know
Men					
Women					
Children					
Dogs					
Other domesticated animal species (cat, livestock, etc.)					

39. If a snap or bite to men, women, or children was checked above, did the snap or bite take place while the person was breaking up a dog fight or while the dog was in severe pain? Yes No

40. Please explain the circumstances of the snap or bite. If you checked more than one snap or bite in the table above, please explain the circumstances for each snap or bite. _____

41. If any aggressive behavior to humans was indicated above, please answer the following questions:

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones, rawhides, or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, brushing teeth, ear cleaning, etc., but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward the dog?						



Medical History

42. Does your dog see a veterinarian at least once per year? Yes No

43. Check if your dog has ever shown any of the following aggressive behaviors when being handled by a veterinarian or groomer:

	Never Done	Show teeth/ growl	Snap	Bite	None of these
Examine (incl. heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

44. Does your dog have to be muzzled at the veterinarian? Yes No

45. Does your dog have any past or current medical conditions?

Yes (please describe) _____

No

46. Is your dog currently on any medication or special diet?

Yes (please describe) _____

No

47. What type of food does your dog eat and what amount? (Please check all that apply)

Dry Wet/Canned Table Scraps Amount _____

48. If you have any additional comments that might be helpful, please share them here. _____
