

# DOG QUESTIONNAIRE



Animal ID: \_\_\_\_\_

Person ID: \_\_\_\_\_

## Dog Information:

Where did you get your dog from? \_\_\_\_\_ What do you feed it? \_\_\_\_\_

Why are you surrendering your dog? \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_ Where does it stay during the day? \_\_\_\_\_

Do you leave your dog home alone?  Yes  No For how long? \_\_\_\_\_

Where does your dog stay when left alone? \_\_\_\_\_ Is your dog housebroken?  Yes  No

Does your dog have a chewing problem?  Yes  No Is he/she crate trained?  Yes  No

Does your dog like to ride in the car?  Yes  No Can your dog walk on leash?  Yes  No

Does your dog get out of your yard?  Yes  No Does your dog like strangers?  Yes  No

Is there a part of his/her body they don't like to be touched?  Yes  No

If so, where? \_\_\_\_\_

What does your dog do that lets you know he/she doesn't like it? \_\_\_\_\_

Has your dog bitten anybody in past?  Yes  No

If so, please describe: \_\_\_\_\_

Does your dog have current vaccines?  Yes  No Has it recently received flea treatment?  Yes  No

Name of facility who administered vaccines: \_\_\_\_\_

Does your dog have any medical problems?  Yes  No

If so, what are they: \_\_\_\_\_

What's your dog's favorite game to play? \_\_\_\_\_

## **How would you describe your dog's personality? Please check all that apply**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Friendly/Affectionate   | <input type="checkbox"/> Shy         | <input type="checkbox"/> Lap dog                |
| <input type="checkbox"/> Hunter/Prey Drive       | <input type="checkbox"/> Sedate/Calm | <input type="checkbox"/> Aggressive             |
| <input type="checkbox"/> Outgoing/Confident      | <input type="checkbox"/> Destructive | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Vocal                   | <input type="checkbox"/> Playful     | _____   |
| <input type="checkbox"/> Adapts easily to change | <input type="checkbox"/> High Energy |   |

## **Has your dog's personality changed recently? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

## **How does your dog react to handling? Please rate each on a scale of 1-5. Example: 1= Enjoys, 3=Tolerates, 5=Dislikes/will bite or scratch**

_____ Petting face/neck/chin	_____ Touching tail	_____ Picking up/holding
_____ Petting lower back	_____ Touching paws/nail trim	_____ Stranger petting
_____ Brushing	_____ Touching stomach	_____ Stranger picking up/holding

**Information about your home**

How many adults are in your household? \_\_\_\_\_

Do you have children in your household? Yes No If so, what are their ages? \_\_\_\_\_

How does your dog interact with them? Loves Tolerates Ignores

How would you describe your household? Quiet and calm Busy/active

Do you have a fence? Yes No How tall is it? \_\_\_\_\_ What type is it? \_\_\_\_\_

Do you receive a lot of visitors in your household? Yes No

How does your dog respond to your home visitors? \_\_\_\_\_

Are there any other animals in the household? Yes No

If so, what are they? \_\_\_\_\_

Does your dog get along with Cats? Dogs? Birds? Other? \_\_\_\_\_

How does it interact with them? \_\_\_\_\_

Does your dog have any medical issues? Yes No

Please describe any medical issues:

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Who is your dog's primary veterinarian? \_\_\_\_\_

Do you have any veterinary records that you can provide/obtain? Yes No

Have you noticed any of the following about your dog? *Please check all that apply*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diarrhea               | <input type="checkbox"/> Sneezing                                 | <input type="checkbox"/> Other concerns (please explain) _____<br>_____<br>_____ |
| <input type="checkbox"/> Change in appetite     | <input type="checkbox"/> Change in water consumption or urination |  |
| <input type="checkbox"/> Coughing               |   |  |
| <input type="checkbox"/> Vomiting               |   |  |
| <input type="checkbox"/> Change in energy level |   |  |

Additional Information you would like us to know about your dog? \_\_\_\_\_

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