

Background Information for Canines

This information will help us match your dog with the appropriate new owner.

PLEASE CIRCLE ALL ANSWERS THAT APPLY

Dog's Name _____ Age _____ How long has this dog lived with you? _____

Why are you giving up this dog? _____

Where did you acquire this dog?

This Shelter Another Shelter Breeder Pet Shop Friend/Relative
Newspaper Found/Stray Born at home Rescue Group Humane Society

If rescue group or humane society, please list which one _____

Where has this dog been allowed?

Inside house Patio Fenced Yard Car Unfenced yard

How many hours is the dog kept outside? _____ Inside? _____

Where did you leave the dog when no one was home? _____

How many hours a day on average does the dog spend unsupervised? _____

Where is the dog used to sleeping?

Owner's Room on Owner's Bed Doghouse Garage Patio Other: _____

What ages of people lived with this dog?

Adult men Adult women Seniors Children (ages) _____

How would you describe the dog's behavior around children?

Friendly Playful Tolerant Afraid Mouthy Snappy Other _____
Too much for small children Never been with children

How would you describe your household?

Active Noisy Quiet Average

What type(s) of training has this dog had?

Obedience Class Home Training Professional None

Does the dog know how to?

Sit Stay Come Lie Down Walk on a leash

Does the dog know any tricks? _____

Has the dog ever bitten/attacked any people? Yes No

Snapped? Yes No

Growled? Yes No

Has the dog ever bitten/attacked any other animal(s)? Yes No

Snapped? Yes No

Growled? Yes No

If yes, please describe _____

What have you done to correct the problem? _____

Is this dog frightened of anything?

Men Children Brooms Thunder
 Fireworks Vacuums Large trucks Water
 Appliances Hands Feet Other _____

OVER

Is your yard fenced? Yes / No How high? _____ What is it made of? _____ Condition? _____

If your yard is not fenced, how do you keep the dog confined to your property? _____

Has the dog repeatedly escaped from your yard? Yes No When does the dog escape? All the Time When Left Alone

How? Digs Out Jumps Fence Opens Gate Charges Gate When Opened Chews Through Climbs

Other _____

Is the dog housetrained? Yes No

If no, has the dog been examined to rule out physical problems? Yes No

How often does the dog have accidents in the house? Once a Day Once a Week Never Every Time Dog is Inside

What kinds of training have you tried? Paper Crate None

How have you dealt with this problem? allowed only in certain areas kept outside only Other _____

Does this dog chase anything? Adults Teens Children Dogs Cats Livestock Wildlife Cars Bicycles Skateboards
Other _____

What other animals has this dog lived with? _____

What types of animals does the dog NOT get along with? _____

Does the dog get along with other animals?

Dogs (male) Dogs (female) Cats (indoors) Cats (outdoors)

Birds Poultry/Livestock, what kind _____

Other _____

When leashed, does the dog **lunge at other dogs?** Yes No **People?** Yes No **Is it to play?** Yes No

Do you feel this dog is overprotective? Yes No **Ever attacked another animal?** Yes No

Does this dog have any old injuries or health problems? Yes No

Does the dog need any medication or special diet? Yes No

If yes, please describe _____

Is he current on heartworm preventative? Yes No

When was the dog usually fed? AM PM Free Fed Brand of food _____

Does the dog have any favorite toys or activities? No Yes _____

Is there anything else we should know about this dog? _____

Do you own any other animals? dog(s) _____ cat(s) _____ Other _____

Veterinarian name or clinic name _____

Date of last visit/shots (approximate if necessary) _____
