



Santa Barbara County Animal Services

Dog Owner Questionnaire

Date: _____

Owner's Name: _____ Email address: _____

Address: _____ City/Zip: _____

Phone Number: _____ Alternative Phone Number: _____

The purpose of this questionnaire is to help us learn more about your pet so that we can offer the best possible solution for your pet. Please answer the questions as honestly as possible. There are no right or wrong answers.

Thank you in advance for your time.

Please tell us why you are unable to keep your dog: (please circle one)

Housing: Moving Landlord Other: _____

Personal: Not enough time Divorce No money Job loss New baby Illness Death of Caregiver

Other: _____

Behavior: Doesn't get along with other pets Getting out of yard Destroying things Bothering neighbors Barking

Other: _____

Veterinary: Pregnant Sick Injured Cannot afford veterinary care

Other: _____

If we could assist you to locate resources to overcome your challenge, would you like to keep your dog?

Yes No Maybe *If your answer is yes or maybe, please inform the front desk clerk to see what help is available.

FOR OFFICE USE:

Animal ID #: _____ Shelter arrival date: _____ Staff intake initials: _____

General

1. What name does your dog go by? _____
2. Approximately how old is your dog? _____ months / years
3. Is your dog a: Male Female
4. Is your dog spayed or neutered? Yes No Not sure
5. Is your dog tattooed or microchipped? No Yes If tattooed, where? _____
6. How long have you had your dog? _____ months / years
7. Where did you get your dog ?
Animal Services Another shelter Breeder Pet store Found as a stray Born in my home
Rescue: _____ Other: _____
8. Including your home, how many homes has your dog had? _____

Health

9. How is your dog's Appetite? Good Finicky Poor
10. Does your dog have any issues with eating? Yes No Unsure If yes: _____
11. Current food brand? _____ Wet Dry Combo People Food
12. Is your dog currently on any medication or special diet? Yes No
If yes, what: _____
13. How does your dog react to the vet? Needs muzzled Frightened No reaction Has never been
14. When was your dog last vaccinated? _____
15. When was the last time you took your dog to the vet? _____
16. Which veterinary clinic did you use? _____
17. Do you have your veterinary records? Yes No Maybe Can Obtain
18. What is this dog's medical history including any surgeries, major injuries and/or chronic conditions?

Personality/Behavior

19. How would you describe your dog? (*circle all that apply*)
Playful Talkative Quiet Very Active Aloof Affectionate Nervous Fearless
20. How does your dog like to play? (*circle all that apply*)
Plays gently, does not usually use teeth or claws Likes to play rough, may bite or scratch
Likes to chase & pounce with variety of toys Not interested in play
Other: _____
21. What is your dog's energy level? Low Medium High
22. Is your dog house trained? Yes No Yes, but: _____

23. How does your dog usually behave towards the following? Please check the boxes

| | Never encountered | Friendly | Afraid | Shows teeth/growls | Snaps | Lunges | Bites |
|-------------------------------|-------------------|----------|--------|--------------------|-------|--------|-------|
| People your dog knows | | | | | | | |
| Men | | | | | | | |
| Women | | | | | | | |
| Children | | | | | | | |
| Unfamiliar people | | | | | | | |
| Men | | | | | | | |
| Women | | | | | | | |
| Children | | | | | | | |
| Animals your dog knows | | | | | | | |
| Dogs | | | | | | | |
| Cats | | | | | | | |
| Bunnies | | | | | | | |
| Unfamiliar animals | | | | | | | |
| Dogs | | | | | | | |
| Cats | | | | | | | |
| Bunnies | | | | | | | |

24. Has your dog been around children on a regular basis? Yes No Don't know

If yes, what ages? 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

How did they interact? (circle all that apply)

Mutual affection Dog & child played well Dog tolerated handling Dog & child ignored each other
 Dog avoided child Dog growled at child Dog lunged at child Dog snapped at child Dog bit child

25. Has your dog shown any guarding behaviors? If yes, what items does your pet "guard"?

Home/yard Food Bed, crate or kennel Toys/bones His/her body Owner/family

Please describe the guarding behavior: _____

26. Does your dog usually chase or attempt to chase any of the following? Please check all that apply

Joggers Bicycles Skateboarders Cars/motorcycles Outdoor cats Squirrels or other small animals

Birds Other (please explain) _____

27. Has your dog ever bitten anyone? Yes No

Explain the circumstances of the bite:

28. How often do you walk your dog? Daily A few time per week Once a week or less Never

29. Do you use a Regular Collar Martingale Collar Gentle Leader/Halter Harness

30. How does your dog react to? Please check boxes

| | Never tried | Enjoys | Allows | Afraid | Shows teeth/growls | Snaps | Bites | None of these |
|------------|-------------|--------|--------|--------|--------------------|-------|-------|---------------|
| Bathe | | | | | | | | |
| Brush | | | | | | | | |
| Wipe feet | | | | | | | | |
| Trim nails | | | | | | | | |

31. Does your dog go to a groomer? Yes No If yes, who _____ How frequently _____

Lifestyle & Home Life

32. My household is: Calm Active Noisy Chaotic
33. Who is in your household?
Spouse Boyfriend or Girlfriend Children Grandchildren Roommate Dogs Cats
Bunnies Birds Other: _____
34. How much time does your dog spend alone each Day _____ Night _____
35. Is your dog crate trained? Yes No
Why is your pet crated? Travel Bedtime Punishment Other: _____
If other, how long does your pet spend in a crate each day _____ night _____
36. What areas of your home does your dog have access to?
Indoors only Outdoors only Indoors/outdoors (please describe): _____
37. Where does your dog sleep at night? _____
Does your dog sleep with a human or another pet? Yes No Unsure If Yes, who? _____
38. Does your dog like to ride in the car ride in the back of a truck
39. Does your dog have any training? Yes No Unsure
40. Does your dog know any commands? Yes No If yes: _____
41. How was your dog confined in your yard?
Fence Height: _____ feet Electronic Pet Confinement Type: _____
Tied up Chain or Runner Kennel or Enclosure _____
Other: _____
42. Has your dog escape from your property 2 or more times in the past 6 months? Yes No
If Yes, please describe _____

Transitioning

43. Does your dog have pet friends he/she will miss? Yes No If yes, who/why: _____
44. What would be your ideal household for your dog to be placed in?
45. Is there anything else you would like to share about your dog?

Thank you for your time. Your input is important to us and will assist in your pet's transition.
Your pet will be evaluated by Animal Services staff to determine adoptability.