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 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
☐ Friendly/Affectionate ☐ Shy ☐ Lap dog
☐ Hunter/Prey Drive ☐ Sedate/Calm ☐ Aggressive
☐ Outgoing/Confident ☐ Destructive ☐ Other (please explain)
☐ Vocal ☐ Playful ☐ ________________
☐ Adapts easily to change ☐ 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

10/11/2021
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:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

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
   ✔  Diarrhea     ✔  Sneezeing     ✔  Other concerns (please explain) __________________________
   ✔  Change in appetite     ✔  Change in water consumption or urination
   ✔  Coughing
   ✔  Vomiting
   ✔  Change in energy level

Additional Information you would like us to know about your dog: __________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________