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

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<tr>
<th>People your dog knows</th>
<th>Never encountered</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows teeth/growls</th>
<th>Snaps</th>
<th>Lunges</th>
<th>Bites</th>
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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 times 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

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<tr>
<th>Bathe</th>
<th>Never tried</th>
<th>Enjoys</th>
<th>Allows</th>
<th>Afraid</th>
<th>Shows teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
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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.