Dog/Puppy: Supplementary Information

Please take your time and give us as much information as possible.
Your input will enable us to place your pet in the kind of home he/she needs.

Basic Information

Dog’s Name: ___________ Age: ______ wks mos yrs Sex: M F Spayed/Neutered: Y N

How long have you had the dog: ______ wks mos yrs

Where did you get the dog:

- Pet Shop  
- Breeder  
- Found as Stray  
- Gift  
- Shelter [Which shelter? ________________ ]
- Litter at home  
- Friend  
- Relative  
- Internet  
- Giveaway

Dog has lived with: Men____ Women____ Children____ (ages____-____) Dogs____ Cats____ Other____

Why are you giving up the dog?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Dog’s Personal Characteristics and Personality

Dog’s Favorite Activities:

- Tug play  
- Being Brushed  
- Swimming/water play  
- Playing with other dogs  
- Walks  
- Being Pet  
- Sleeping on bed or couch  
- Being close to people  
- Rough- housing  
- Riding in car  
- Fetch ball or toy  
- Other __________________________________________________________________________

How would you describe your dog’s activity level:

- Very Sedate  
- Moderate  
- Energetic

Is the dog:

- Shy  
- Independent  
- Dependent  
- Outgoing  
- Fearful of thunder  
- Aloof  
- Affectionate  
- Devoted  
- Friendly and Sociable  
- Resists Veterinary Exams

In the blanks, put “L” if dog likes, “D” if dog dislikes. “F” if dog fears, or “?” if unknown for the following:

Men___ Boys___ Cats___ Dogs___ Unfamiliar Places___ Grooming___

Women___ Girls___ Animals or People Seen Out Window___ Groups of Children___

Toddlers___ Riding in Car___ Strangers___

Any other objects or situations the dog fears? __________________________________________

Dog is generally:  
- Quiet  
- Barks when appropriate  
- Barks when left outside
Dog’s Routines and Habits

Is the dog primarily:  □ House Dog  □ Outdoor Dog  □ Both

How much time does the dog spend outside: During the day? ___ hours  During the night? ___ hours

When outdoors, the dog is:
□ Chained/Tethered  □ On overhead trolley/wire  □ In fenced yard  □ In dog pen or run
□ Loose on property  □ In covered pen or run

If in a fenced backyard: the fence is ___ feet high and is made of:
□ Solid wood  □ Picket  □ Chain Link  □ Wire Mesh  □ Electric/Invisible  □ Other_____________

Does the dog stay within the fenced area:  Y  N
If not does he/she:  □ Dig Under  □ Climb Over  □ Jump Over  □ Break Through  □ Unk

When outdoors, the dog has:
□ Dog house  □ Access to garage or outbuilding  □ Porch or deck  □ Other________________________

Does the dog have access to the house by a dog door:  Y  N

When the dog is indoors, the dog has or is:
□ The run of the house  □ Crated  □ Access to porch, garage, or basement  □ Kept under supervision

Does your dog use a dog crate:  Y  N  How many hours per day? ___ Where is the crate kept? _______________

Where does the dog sleep at night? __________________________________________________________

Are other animals with the dog:  Y  N  If yes, describe: _____________________________________________

Health and Medical History

Veterinarian___________________________________________  City___________________________________________

Dog is fed: ___ times/day  Is the dog on a special diet? _______________________________________________

Any food allergies? ____________________________________________________________________________

Is the dog currently on any medications? __________________________________________________________

Training

Is the dog housebroken:  □ Yes  □ No  □ Sometimes  How long can the dog go without a potty break? _________

How does the dog ask to go out? __________________________________________________________________

What commands does the dog know? __________________________________________________________________

Has the dog had any training for any special work or sport activity:  Y  N  If yes, what? _____________________

What training equipment is the dog familiar with:
□ Pinch Collar  □ Harness  □ Choke Collar  □ Electric Collar  □ Bark Collar  □ Flat Collar
□ Halti  □ Gentle Leader  □ Other_________________________________________________________________
Behavior

Can the dog be left in the house unsupervised for an extended period (up to 8hrs):  Y  N  □ Unk  
If “No,” what happens? __________________________________________________________

Does the dog have any behaviors you feel are out of control:  Y  N  If yes, please mark any that apply:

□ Aggression toward people: Explain: ______________________________________________

□ Aggression toward other dogs:  □ When on Leash □ When off Leash

   Explain: ____________________________ ______________________________________

□ Food or □ Toy guarding from people: 
   When food or toy is taken, dog has: □ growled  □ snapped  □ Bitten and broken skin

   Explain: _________________________________________________________________

□ Food or □ Toy guarding from other dogs.
   When other dog has been near food or toys, dog has: □ growled  □ fought

   Explain: _________________________________________________________________

□ Barking □ Pulling □ Car Chasing □ Chewing □ Escaping □ Livestock chasing

□ Digging □ Hyperactivity □ Running away □ Jumping on people □ Other________________________

Have you attempted to correct any behavior problems by training, management, or medical treatment:  Y  N

   Explain: _________________________________________________________________

Were you able to correct the problem?  Y  N

Has the dog ever bitten a person?  Y  N

□ Did the teeth break the person’s skin? Describe the circumstances:  ____________________________

□ Did the dog snap, but teeth did not break the skin? Describe the circumstances:  ____________________________

Has the dog harmed another animal?  Y  N  Type of animal: ____________________________

   Describe the circumstances: __________________________________________________________

Has the dog ever killed another animal?  Y  N  Type of animal: ____________________________

   Describe the circumstances: __________________________________________________________

Does the dog urinate submissively (urinates when excited or scared):  Y  N

Does the dog mark indoors?  Y  N
Anything Else You Would Like to Add:

_____________________________________________________________________________________________
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Owner Signature: ___________________________ Date: ___________________________

Reviewed By: ___________________________ Date: ___________________________

(LHS Staff)