Dog Owner Questionnaire

*Has this dog bitten anyone or any animal in the past 10 days?  ☐ Yes ☐ No

If yes, please stop and inform the staff.*

General Information

Shelter Arrival Date: _______________________

Dog’s Name: _____________________________ Dog’s age or approximate age: __________

Dog’s Sex: ☐ Male ☐ Female ☐ Unsure

Is the dog spayed/neutered?  ☐ Yes ☐ No ☐ Unsure

What kind of I.D. does your dog have?

☐ Tattoo & Location ________________ ☐ Microchip& Number ________________

History

Why are you surrendering your dog? ____________________________________________

If surrender reason is behavioral, please explain: __________________________________

What have you done to help re-home your pet?

__________________________________________________________________________

How long have you owned your dog? __________________________________________

Including yours, how many homes has this dog had? ____________________________

Where did you acquire this dog?  ☐ From HSGS ☐ Rescue Group ☐ Breeder

☐ Found as a stray ☐ Newspaper Ad ☐ Friend/relative ☐ Pet Store ☐ FACTS or Pound Pups

☐ Born in my home ☐ Other _______________________________________________

Lifestyle & Home Life

Is this dog more comfortable with:

☐ Women ☐ Men ☐ Kids ☐ Teenagers ☐ Seniors ☐ Loves all people

Please check all the animals that the dog has lived with: (check all that apply)

☐ Male dogs ☐ Female dogs ☐ Small animals (what kind?) _______________________

☐ Male cats ☐ Female cats ☐ Farm animals (what kind?) _______________________

☐ Other (please explain) ____________________________________________________
Describe the dog’s behavior around other dogs. (Check all that apply)

☐ Never been around dogs ☐ Adores other dogs ☐ Friendly/playful ☐ Aggressive with all dogs
☐ Bossy ☐ Frightened ☐ Ignores or is indifferent ☐ Gentle/submissive ☐ Roughhouses
☐ Aggressive with same sex dogs ☐ Other (please explain) ______________________________

Would you recommend placing this dog in a home with other dogs? ☐ Yes ☐ No
If no, please explain: ______________________________________________________________

Describe the dog’s behavior around cats. (Check all that apply)

☐ Never been around cats ☐ Respectful ☐ Friendly/playful ☐ Aggressive ☐ Has killed a cat
☐ Frightened ☐ Ignores or is indifferent ☐ Gentle/submissive ☐ Chases for fun ☐ Chases to harm
☐ Other (please explain) ________________________________

Would you recommend placing this dog in a home with cats? ☐ Yes ☐ No
If no, please explain: ______________________________________________________________

Where was the dog when no human members of your family were at home?

☐ Free run of the house ☐ Crated ☐ In fenced yard ☐ In garage or basement
☐ Confined to kitchen/bathroom ☐ Outside on chain or runner ☐ Electronic Pet Containment (what type)
☐ Other (please explain) ___________________________________________________________

How many hours a day was the dog kept outside?

☐ None ☐ Less than an hour ☐ 1-2 hours ☐ 3-4 hours ☐ More than 5 hours ☐ Lived outdoors
☐ Allowed inside only at night ☐ Other (please explain) ________________________________

Explain how your dog was confined to your property when outside:

☐ Fenced yard ☐ Electronic Pet Containment (what type) ☐ Tied out, chain or runner
☐ Kennel or enclosure ☐ Dog house ☐ Other (please explain) ______________________________

If your dog was confined by a fence, how high was the fence? __________________________

If your dog was kept outside, did he/she ever do any of the following? (Check all that apply)

☐ Sleep or sit quietly ☐ Dig ☐ Bark ☐ Annoy the neighbors ☐ Cry ☐ Howl
☐ Become tangled in chain or rope ☐ Shiver in cold weather ☐ Climb or jump fences ☐ Slip collar
☐ Pant or suffer heat exhaustion in hot weather ☐ Pace or exhibit other obsessive behaviors
☐ Other (please explain) ___________________________________________________________

When your dog was outside was he/she ever teased or bothered by people or other animals?

☐ Yes ☐ No. If yes, please explain: ___________________________________________________

Does your dog run after cars, bikes, or pedestrians? ☐ Yes ☐ No
If yes, what does the dog do when he/she gets to them? ________________________________
If your dog did escape its confinement, where did it go? __________________________

Has your dog ever been kenneled at a: (Check all that apply)

☐ Private boarding facility ☐ Veterinarian ☐ Animal Shelter

How did your dog react to being boarded? __________________________

Where does the dog sleep at night? (Check all that apply)

☐ Loose inside house ☐ In garage ☐ Outside ☐ In child’s room ☐ Confined to one room
☐ In adult’s room ☐ On my bed ☐ On dog bed ☐ On couch or chair ☐ Crate
☐ Other (please explain)________________________________________

Manners & Training

Does your dog have any specialty training? __________________________

Please check the following if the dog has ever done any of the following:

Adult family members: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Children family members: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Strangers at door: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Visiting adults: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Visiting children: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Vet or groomer: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
People near his/her sleeping area: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Pedestrians: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
People near his/her food: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
People in uniform: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Wildlife: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked
Neighbors pets: ☐ Growled ☐ Snapped ☐ Bitten ☐ Barked

Is this dog housetrained? ☐ Yes ☐ No ☐ Almost (started training)

If no, please explain the reason for and frequency of the accidents.

____________________________________________________________________________

What was your method of housetraining? __________________________

Can the dog be allowed off-leash and come when called? ☐ Yes ☐ No

Did you crate train the dog? ☐ Yes ☐ No If yes, how long?___________________________

Is the dog destructive if left alone inside the home? ☐ Yes ☐ No

If yes, what has the dog destroyed? ____________________________________________
Does the dog raid the trash? □ Yes □ No

Will the dog “steal” unattended food and objects from tables/counters? □ Yes □ No

If so, how have you tried to correct this problem? _______________________________________

Please tell us about the desirable tricks and habits you have taught your dog to do: (Check all that apply) □ Basic obedience commands □ Come when called □ Play fetch
□ Walk on a loose leash □ Ride nicely in car □ Greet visitors politely □ Shake or similar cute trick
□ Take treats gently □ Wait for food □ Get on & off furniture when asked
□ Other (please explain) ______________________________________________________________

What words does your dog understand?
□ Sit □ Stay □ Down □ Heel □ Come □ Leave it □ Drop □ Wait □ Off □ Fetch
□ Doesn’t know any commands □ Other (please explain) _______________________________________

How often do you work with your dog on training?
□ Everyday □ Several times per week □ Once a week or less □ Never

Please describe the reward system you use: ________________________________________________

Is the dog permitted to sit and/or sleep on furniture? □ Yes □ No

Describe the dog’s behavior in the car: ___________________________________________________

How does the dog react to being handled or corrected by the collar? (Check all that apply)
□ Offers strong resistance □ Growls or barks □ Cowers or acts frightened □ Backs out of collar
□ Lies down □ Acts calm and accepting □ Snaps or bites □ Yelps or cries
□ Other (please explain) ______________________________________________________________

Does the dog jump up on people when greeting them? □ Yes □ No

Is the dog constantly underfoot when food is present? □ Yes □ No

Does the dog beg at the table or in the kitchen? □ Yes □ No

If so, is this behavior rewarded with food? □ Yes □ No

Is the dog protective or possessive of any of the following? (Check all that apply)
□ Food (to other pets) □ Toys (to other pets) □ His/her body □ Food (to people) □ Toys (to people)
□ Owner/family □ Property □ Other (please explain) ____________________________

Please check all of the following that frighten this dog:
□ Babies or toddlers □ Men □ Women □ Teenagers □ School-age children □ Strangers/visitors □ Water
□ People in uniform □ Unpredictable children □ Vacuums □ Brooms □ Loud voices/yelling
□ Thunder/lightening □ Car □ Erratic or sudden movement □ Fireworks/loud noises
□ Veterinarian/groomer □ Other (please explain) __________________________________________
Are there any wonderful, special traits or habits that you would like his/her new family to know about? __________________________________________

**Health & Grooming**

Did the dog see a veterinarian on a regular basis (at least once a year)? □ Yes □ No

Which Veterinarian / Clinic? __________________________________________

What Vaccinations are current? __________________________________________

How did the dog react to going to vet? __________________________________________

Does the dog need to be muzzled at the vet? □ Yes □ No

Has this dog ever been hit by a car or required surgery? □ Yes □ No

If so, please explain: __________________________________________

Has this dog ever been diagnosed or treated for any of the following by a veterinarian?

*(Check all that apply)* □ Heartworm disease □ Lyme disease □ Heart murmur □ Tumors

□ Epilepsy or seizures □ Skin allergies □ Thyroid disease □ Arthritis □ Environmental allergies

□ Irritable bowel □ Hip Dysplasia □ Separation anxiety □ Chronic ear/eye infections □ Lupus □ Cancer

□ Cataracts □ Entropian/ectropian eye □ Other illness/condition? (Please explain) ______________

Does your dog require any medication on a regular basis? ____________________________

Does the dog allow you to clip his/her nails? □ Yes □ No

Does the dog like to be brushed? □ Yes □ No

Are there places on the dog’s body he/she does not like being touched, brushed or petted?

□ Yes □ No  If yes, please explain: __________________________________________

Has your dog ever been professionally groomed? □ Yes □ No

If so, how did the dog behave? __________________________________________

**Diet, Exercise & Play**

What brand of food did you feed? __________________________________________

How often did you feed, and how much? __________________________________________

Did you use: □ Dry food □ Wet food □ Combination of both

Is the dog fed scraps from the table or “people food”? □ Yes □ No

Does the dog receive “treats” on a regular basis? □ Yes □ No

If so, what kind? __________________________________________

Does your dog have any allergies or sensitivities to any grains or common food ingredients?

□ Yes □ No  If yes, which grains or ingredients? __________________________________________
What are the dog’s favorite kinds of toys? *(Check all that apply)*

- Shows no interest in toys
- Frisbee
- Squeaky toys
- Plastic bottles
- Tennis ball/rubber ball
- Rope toys
- Shoes
- Rocks
- Plush/stuffed toys
- Sticks
- Children’s toys
- Other (please explain) ___________________________________________________________

What does your dog do with his or her toys? *(Check all that apply)*

- Carries toys around in mouth
- Shreds/tears them apart
- Tosses, chases or whips back and forth by himself
- Chews them
- Tosses, chases or plays tug-of-war with
- Retrieves for owner
- “Comfort” behavior (licking/cuddling)
- Buries or hides them
- Plays “keep away”
- Other (please explain) ___________________________________________________________

What type of exercise does the dog get on a regular (several times a week, at least) basis?

- Accompanies owner jogging
- Walking on leash
- Running on leash
- Swimming
- Dog park
- Vigorous play
- Plays with other dogs
- No exercise at all
- Plays with kids
- Plays with adults
- Agility or herding work
- Accompanies owner walking or hiking
- Other (please explain) ___________________________________________________________

Describe your dog’s play style with people. *(Check all that apply)*

- Plays gently
- Does not use teeth or body strength
- Plays roughly but stops when told
- Jumps and uses mouth in play
- Plays very physically
- Games quickly escalate out of control
- Prefers to chase
- Prefers fetch
- Just likes to hang
- No interest in playing with people
- Tends to herd
- Tends to nip
- Other (please explain) ___________________________________________________________

Experiences with Children

If your dog has never lived with or regularly visited with children, you may skip forward to the next section. Otherwise, please take the time to complete this section with accurate information so that we can make a safe and responsible placement with children in a new home. Your attention to detail is expected and appreciated.

Did your dog live with children in your home? □ Yes □ No. Ages: ______________________

Would you recommend this dog live with children? □ Yes □ No

Explain___________________________________________________________

Did your home have children as visitors on a regular basis? □ Yes □ No. Ages: __________

Were all interactions between dog and child(ren) supervised by an adult? □ Yes □ No

If yes, please explain:________________________________________________________________________

Describe your dog’s behavior around children.

___________________________________________________________
Will the dog allow children to touch or handle food and water dishes without getting upset?  
☐ Yes  ☐ No

Does the dog try to take food from children when it is not offered?  ☐ Yes  ☐ No

Will the dog accept “examination” by children younger than 6 years old (having ears lifted and tugged, having eyes touched, tail held or grabbed, fur “scrunched” or grabbed by children’s hands)?  ☐ Yes  ☐ No

Has a child ever tripped over, stepped on, or fallen on your dog?  ☐ Yes  ☐ No
What was the dog’s reaction? _______________________________________________________

Has your dog ever been walked by a child?  ☐ Yes  ☐ No
If yes, please describe the situation & frequency: ___________________________________________

Please describe your dog’s most likely reaction to the following happening around him/her:

A child running: ____________________________  A child falling down: _______________________
A child jumping, hopping, etc.: ___________  A child throwing a ball or toy: _________________
A child yelling or shrieking: ________________  A child swimming: _________________________
A child waving arms or other unexpected movements: ________________________________

How will your dog react to a child approaching when he/she is sleeping? ________________

Did your dog ever regularly sleep in a space accessible to children? ________________

Is your dog possessive or guarded about where he/she sleeps? ________________________

Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________