



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

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

Tattoo  Microchip & Number \_\_\_\_\_

### History

Why are you surrendering your dog? \_\_\_\_\_

If surrender reason is behavioral, please explain: \_\_\_\_\_

What have you tried 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 \_\_\_\_\_

### Experiences with Children

Did your dog live with children *in your home*?  Yes  No. Ages: \_\_\_\_\_

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

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

**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

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

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

**Explain** \_\_\_\_\_

## **Other Animals & Home Life**

**Was the dog allowed in the house or kept outside at all times?**

Indoor dog  Outdoor dog  Other: please explain \_\_\_\_\_

**Is this dog 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?) \_\_\_\_\_

**Describe the dog’s behavior around *other dogs*. (*Check all that apply*)**

Never been around dogs  Frightened  Ignores or is indifferent

Gentle/submissive  Friendly/playful  Adores other dogs

Roughhouses  Bossy  Aggressive with same sex dogs  Aggressive with all dogs

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

Never been around cats  Frightened  Ignores or is indifferent  Gentle/submissive

Friendly/playful  Chases for fun  Chases to harm  Aggressive  Has killed a cat

**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 one room  Outside on chain or runner

**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

On my bed  On dog bed  Crate

**If your dog was confined by a fence, how high was the fence?** \_\_\_\_\_

**If your dog did escape its confinement, where did it go?** \_\_\_\_\_

**Does your dog run after cars, bikes, or pedestrians?**  Yes  No

If yes, what does the dog do when he/she gets to them? \_\_\_\_\_

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

Private boarding facility  Veterinarian  Animal Shelter

## **Manners & Training**

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

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

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**Did you crate train the dog?**  Yes  No

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

Family members:  Growled  Snapped  Bitten  Barked

Visitors:  Growled  Snapped  Bitten  Barked

Strangers at door:  Growled  Snapped  Bitten  Barked

Vet or groomer:  Growled  Snapped  Bitten  Barked

People in uniform:  Growled  Snapped  Bitten  Barked

Neighbors' pets:  Growled  Snapped  Bitten  Barked

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

**If yes, what has the dog destroyed?** \_\_\_\_\_

**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) \_\_\_\_\_

**Describe the dog's behavior in the car:** \_\_\_\_\_

**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) \_\_\_\_\_

## **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 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  Entropion/ectropion 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

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

- Yes  No If yes, please explain: \_\_\_\_\_

### **Diet & Exercise**

**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

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

- Yes  No If yes, which grains or ingredients? \_\_\_\_\_

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

- No exercise at all  Accompanies owner jogging  Walking on leash  Dog park  Plays with kids  
 Other (please explain) \_\_\_\_\_

**Are there any wonderful, special traits or habits that you would like his/her new family to know about? Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her?**

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