

Dog's name: _____

Dog's nickname: _____

Household History

Do you take your dog outside to go to the bathroom? No Yes Paper trained

If yes, how many times a day does the dog go out? _____

How does this dog let you know it needs to go outside? _____

Does your dog have accidents in the house? No Yes

If yes, how often? Daily A few times a week A few times a month A few times a year

If yes, does your dog: Urinate Defecate Both

Is the dog crate trained? Yes No

If yes, how long did the dog spend in the crate each day? _____

How long can your dog "hold it"?

- Not at all 1-3 hours 4-8 hours 8-12 hours 12+ hours

How long is your dog left alone, without people?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

When alone, is your dog: Outdoors Free in the house Confined to a room Crated

Other (please describe) _____

When left alone does your dog:

- Destroy household items Urinate Defecate Bark Cry None

If your dog destroys household items check all that apply: Chews woodwork/walls

- Chews windows/doors Chews furniture Chews clothing/shoes Chews toys

Other _____

When you are home, does your dog?

- Destroy household items Urinate Defecate Bark Cry No issues

Other _____

How does your dog react to bathing / handling such as petting or hugging?

Are there areas on the dog's body your dog does NOT like to be touched? Ears Mouth

- Tail Collar Rear end Paws/ nails Can touch dog anywhere

Other _____

If touched in the above place(s), how does your dog respond? Moves away Shows teeth

- Growls Snaps Bites No reaction

Doesn't react negatively when touched anywhere

Other _____

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

How does your dog behave in the car? Enjoys Afraid Resists entering Sleeps

- Barks Vomits Urinates/Defecates Never tried Fine in a crate / restraint

What words does this dog understand?

- Sit Stay Down Off Treat/cookie
 Come Leave it Drop No Doesn't know any commands
 Fetch Okay Heel Quiet Other _____



What are the dog's favorite kinds of toys? _____

Possessive History

How does your dog react when you or another family member... (check appropriate boxes)	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please describe)
<i>...pet him/her or touch the bowl or food while eating</i>									
<i>...pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing</i>									
<i>...pet him/her or touch a stolen food item</i>									
<i>...pet him/her or touch a stolen object (tissue, shoe, sock, etc.)</i>									
<i>...pet him/her or touch a toy in his/her mouth</i>									
<i>...pet him/her or move him/her while sleeping</i>									
<i>....push or pull him/her off of furniture</i>									
<i>....approach him/her while next to another family member</i>									

Medical History and Behavior towards the Veterinarian

Has your dog ever had surgery? Yes No Unknown

If yes, please explain: _____

How does your dog behave during visits to the vet? _____

Does your dog have to be muzzled at the vet? No Yes

Is there anything else we should know about your dog's medical history? _____

Behavior History

Is there anything you want a new family to know about your dog's interaction with:

Men _____

Women _____

Children _____

Dogs _____

Cats _____

Other _____

Please tell us about your dog's "bad habits" or fears (chewing shoes, jumping on counters or people, hiding during thunderstorms etc): _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about? _____