Animal Protective Foundation

Incoming Dog Questionnaire

Dog's Name: _____ Age: _____ Breed: _____

Owner's Name: _____ Phone Number: _____

Address: _____

Email: _____

Dog's Approximate weight: _____

Sex: ◯ Male ◯ Female **Is s/he spayed/neutered?** ◯ Yes ◯ No ◯ Unsure

Including yours, how many homes has your dog had?

◯ 1 ◯ 2 ◯ 3 ◯ 4+

How long has this dog lived with you? _____

Why can you no longer keep your dog? If surrender is behavioral, please explain:

_____

_____

If we could help you resolve this issue, would you be interested in keeping your dog?

◯ Yes ◯ No

Where did you get the dog from? _____

What brand of food do you feed them? _____

What type of food do they eat? ◯ Dry Kibble ◯ Canned ◯ Human foods ◯ Raw

What is the amount of food they are being fed? _____How often? _____

_____

LIFESTYLE

What is a typical day like for this animal?_____

_____

_____

_____

How would you describe your household?

◯ Very busy ◯ Some activity ◯ Quiet and calm

Do you take your dog outside to go to the bathroom?

◯ Yes ◯ No (potty-pad used) ◯ Sometimes

If yes, how many times a day does your dog go out? ◯ 1 ◯ 2 ◯ 3 ◯ 4+

Does your dog get walked on leash? ◯ yes ◯ no

If so, please describe their walking gear and how well they walk on it:

_____

_____

How does your dog let you know he/she needs to go out?

◯ I take them out at set times ◯ Cry ◯ Bark ◯ Paw at the door

◯Other:_____

Does your dog have accidents in the house?

◯ Frequently ◯ Occasionally ◯ Rarely ◯ Never

Is your dog crate trained?

◯ Yes ◯ No

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

How long can your dog "hold it"?

◯ Not at all ◯ 1-3 hours ◯ 4-8 hours ◯ 9-12 hours ◯12+ hours

When alone, is your dog:

◯ Outdoors ◯ Free in the house ◯ Confined to a room ◯ Crated

◯ Other – please describe: _____

When <u>alone</u>, does your dog:

◯ Damage household items ◯ Urinate ◯ Defecate ◯ Bark ◯ Cry ◯ Nothing

If your dog causes damage, what does he/she do? _____

When you are <u>home</u>, does your dog:

◯ Damage household items ◯ Urinate ◯ Defecate ◯ Bark ◯ Cry

◯ Nothing ◯ Other: _____

Is your dog permitted to sit and/or sleep on furniture?

◯ Yes ◯ No

How does your dog behave in the car?

◯ Enjoys ◯ Resists entering ◯ Sleeps ◯ Barks ◯ Throws up ◯ Urinates/Defecates

◯ Never tried ◯ Fine in crate/restraint ◯ Afraid

SOCIAL BEHAVIOR

How would you describe your dog most of the time? (check all that apply)

◯ Friendly to family ◯ Shy to family ◯ Aggressive to family

◯ Friendly to visitors ◯ Shy to visitors ◯ Aggressive to visitors

◯ Couch potato ◯ Calm ◯ Energetic ◯ Talkative

◯ Quiet ◯ Playful ◯ Cuddly ◯ Independent

◯ Working dog ◯ Laid Back ◯ Shy/timid ◯ One person dog

◯ Other _____

Dog has lived with:

◯ Women ◯ Men ◯ Children (Ages _____) ◯ Prefers men ◯ Prefers women ◯ Loves everyone

If dog has lived with CHILDREN (check all that apply) ◯ Didn't live with children

◯ Dog actively avoided child ◯ Child could pet dog ◯ Child would play with dog

◯ Ignored each other ◯ Dog barked/growled at child ◯ Loved each other

◯ Other (please explain) _____

If this dog has lived with other DOGS, how did they interact? ◯ Did not live with dogs

(check all that apply)

◯ Adored each other ◯ Played together ◯ Slept near each other ◯ Groomed each other

◯ Ignored each other ◯ Gentle with others ◯ Peacefully coexisted ◯ This dog feared the other dog

◯ This dog scared the other dog ◯ Fought with injuries ◯ Fought without injuries ◯ Barks at other dogs

◯ Other (please explain) _____

What breed(s) and size of dog? _____ ◯ Small ◯ Medium ◯ Large

How long had they lived together? _____

If this dog has lived with CATS, how did they interact? ◯ Did not live with cats

(check all that apply)

◯ Adored each other ◯ Played together ◯ Slept near each other ◯ Groomed each other

◯ Sniffed noses ◯ Ignored each other ◯ Avoided each other ◯ Dog chased cat

◯ Cat tormented dog ◯ Fought with injuries ◯ Fought without injuries ◯ Peacefully coexisted

◯ Other (please explain)

_____

How long did they live together? _____

Has your dog had any experience with other animals? (please describe in detail):

_____

_____

How does your dog react to bathing/handling?

◯ Enjoys ◯ Tolerates ◯ Dislikes ◯ Growls/Bites

◯ Other (please explain) _____

How does your dog react to petting or hugging?

◯ Enjoys ◯ Tolerates ◯ Dislikes ◯ Growls/Bites

◯ Other (please explain) _____

Are there areas of your dog's body that he/she does not like touched?

◯ Ears ◯ Mouth ◯ Tail ◯ Collar ◯ Rear end ◯ Paws/Nails ◯ Can touch dog anywhere

◯ Other _____

If touched in the above area(s) what does he/she do?

_____

What words/commands does your dog know? ◯ Does not know any commands

◯ Sit ◯ Stay ◯ Down ◯ Treat/Cookie ◯ Come ◯ Leave it ◯ Drop it ◯ No ◯ Fetch

◯ Okay ◯ Heel ◯ Quiet ◯ Off ◯ Other: _____

Has this animal had any professional training? (if so please describe in detail)

_____

_____

What are your dog's favorite types of toys? ◯ Not interested in toys

◯ Plush/Stuffed ◯ Squeaky ◯ Rope ◯ Balls ◯ Rubber toys ◯ Bone ◯ Other _____

How does your dog like to play? (check all that apply) ◯ Not interested in play

◯ Like to plays rough ◯ Plays nicely /gently

Enjoys: ◯ Fetch ◯ Tug-of-war ◯ Likes to learn tricks for treats ◯ Other:_____

What activities does your dog like to do?

_____

_____

How does your dog react when you or another family member.....?

(Check all that apply)

	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other – please describe
The bowl of food while eating									
A bone, rawhide, pig's ear while chewing									
A stolen food item (from table or counter)									
A stolen object (shoe, sock, etc.)									
A toy in their mouth while playing									
Or move them while sleeping									
Or push/pull them off of furniture (bed or couch)									
If they are next to another family member									

How does your dog react to visitors or strangers? ◯ Has not met strangers

◯ doesn't care/change behavior ◯ Retreats/hides ◯ Excited but appropriate

◯ Overly excited (Jumpy/mouthy) ◯ Other_____

Has this dog ever:

◯ Bitten and drawn blood ◯ Bitten without blood ◯ Neither

If the dog has bitten, when did the last bite occur? _____

Details surrounding the bite:_____

Has this dog ever displayed aggression? If so please describe in detail

_____

_____

_____

HEALTH

Has your dog had any of these symptoms in the past 3 months?

◯ Frequent vomiting ◯ Frequent loose stool / diarrhea ◯ coughing / sneezing

◯ Not wanting to eat ◯ Lameness/limping if so which leg(s)? _____

◯Slowing down / lethargy ◯ Excessive drinking ◯ Excessive urination ◯ Unintentional weight loss

◯ Increased anxiety or aggression ◯ None

◯ Explain the symptoms:_____

Does your dog see a veterinarian regularly?

◯ Yes ◯ No ◯ Unsure

Name of vet's office/hospital: _____

Approximate date of last visit: _____

Is your dog current on vaccinations?

◯ Yes ◯ No ◯ Unsure

Has your dog been diagnosed with any health conditions? When?

_____

_____

Is your dog currently taking any medications?

◯ Yes ◯ No ◯ Unsure

If yes, please list: _____

Has your dog ever had surgery?

◯ Yes ◯ No ◯ Unsure

If yes, what surgery and why? _____

How does your dog behave during visits to the vet?

◯ Loves it ◯Tolerates ◯Is afraid ◯Will growl/bite

◯Needs anti-anxiety medications (Example trazadone and/or gabapentin)

Does your dog have to be muzzled at the vet?

◯ Yes ◯ No

What else would you like an adopter need to know about your dog:

_____

_____

How would you describe the ideal new home environment for this animal?

_____

_____

_____

STAFF USE ONLY – Initial each item

____Review the profile _____If RTO option, note in PetPoint

____Enter behavior notes in PetPoint _____If house soiling profile, add notes to PetPoint