

Canine Questionnaire



Animal Care and Control

Animal ID# _____

All pet owners are asked to complete this questionnaire at the time of surrender. This information can provide us with more background about the animal's history and behavior which is helpful in determining what is best for the dog or puppy. Please answer as many questions as possible, we appreciate your honesty!

Date: _____

1. Dog's name: _____ Age or approximate age: _____
Sex: M Neutered F Spayed How long have you had this animal? _____

2. Reason for surrender: _____

3. How did you get this dog? Found Friend/Relative Responded to an ad Gift
 Born in my home Breeder Pet store Shelter/Rescue Which one? _____
 Other: _____

4. Has the dog ever bitten a person? No Yes If yes, did it break the skin? Yes No

5. Has the dog ever killed or injured another animal? No Yes, please describe: _____

6. The dog's personality tends to be: (check all that apply) Friendly Playful Gentle
 Timid/shy Confident Nervous Affectionate Protective Active Reserved
 Aggressive Fearful Hyper Other: _____

7. What is the dog's activity level? Mellow Fairly calm Active, but settles down
 Always moving

8. Describe the daily exercise your dog receives: _____

9. What do you like most about the dog? _____

10. Has the dog lived with: Men Women Children under 6 years Children 6-12 yrs
 Teens (13-19 yrs) Cats Dogs (breed/size: _____)
 Other animals: _____

11. How does the dog behave around other dogs? _____
Other cats? _____ Children (ages)? _____
New people? _____ Other small animals? _____

12. Is your dog housetrained? Yes No Unsure
How do you know he/she needs to go out? _____

13. Is your dog crate trained? Yes No Unsure

14. Has your dog lived: Indoor mainly Indoor/Outdoor Outside only

15. How many hours is the dog usually left alone during the day? _____

16. Does your dog tend to: Dig Chew destructively Bark/howl excessively
 Chase cars/bikes Jump fences of _____ ft. Not tolerate being brushed/groomed
 Fear loud noises Other: _____

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17. Has your dog received or completed obedience training? Yes No Don't know/remember
Commands known (check all that apply): Sit Down Come Off Shake
 Other: _____
18. What are your dog's favorite treats or toys? _____
19. Is your dog microchipped? Yes (with AVID™, HomeAgain™ or other _____)
 No Unsure
20. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this dog?
 No Yes If yes, please explain: _____
21. Has this dog seen a veterinarian in the past 12 months? Yes No
Reason for visit: _____ Clinic name/location: _____
22. Has this animal traveled/lived outside the Pacific Northwest in the last 12 months? Yes No
 Don't know If yes, where and for how long? _____

Please provide additional information about the background, behavior or medical history of this animal below.

Additional Background Information

Additional Behavior Information

Additional Medical Information