Dog Intake Questionnaire

Has this dog bitten anyone or any animal in the past 10 days?
□ No    □ Yes  If yes, please stop and inform the staff.

General Information
Dog’s Name: ________________________ Age or approximate age: ________________
Sex: □ Male  □ Female  □ Unsure  Spayed/Neutered? □ Yes  □ No  □ Unsure

History
Why surrendering? ________________________________________________________________
What efforts have you taken to re-home your pet? ______________________________________
How long have you owned this dog? __________________________________________________
Where did you acquire this dog?
□ From HSTC  □ Rescue Group  □ Breeder  □ Found as a stray  □ Ad (paper, Craigslist, etc)
□ Friend/relative  □ Pet Store  □ Born in my home  □ Other ______________________________

Lifestyle & Home Life
Is this dog more comfortable with:
□ Women  □ Men  □ Children  □ 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) ________________________________
If your dog was confined by a fence, how high was the fence? ________________________________

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

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

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)

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) ________________________________

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

Which Veterinarian / Clinic? ____________________________________________________________

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

Has this dog had any surgery? __________________________________________________________

Does this dog have any medical conditions/concerns: ______________________________________

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 □ Semi-Moist

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

If so, what kind? __________________________________________________________________________

Rev10-01-20
Does your dog have any allergies or sensitivities to any grains or common food ingredients?  
☐ Yes  ☐ No  If yes, which grains or ingredients? ________________________________

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 and ages of children.
______________________________________________________________

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