

Dog Owner Questionnaire

We need your help to find the best possible home for your dog. Please complete the information below as thoroughly and carefully as possible. Your dog will appreciate it!

ID # _____ (office use only)

General Information

Dog's Name: _____ Dog's Age: _____ (be as specific as possible)

Is your dog male or female? _____ Is your dog spayed or neutered? _____

Has the dog bitten in the past 10 days? _____

Why are you giving up your dog (PLEASE CHECK ALL THAT APPLY)

_____ Moving _____ Landlord Issues _____ Financial Hardship _____ Dog's Behavior

_____ Other (Please Explain) _____

If the reason is behavior, please explain the behavior and the things you have tried to solve it: _____

Where did you get this dog? _____ How long has this dog lived with you? _____

Health

Who is your dog's veterinarian? _____ At which clinic? _____

Has your dog been vaccinated within the last year? _____

Which vaccinations were administered? _____

Does your dog have a current rabies vaccination? _____

Is your dog receiving any form of flea control? _____ Please Specify: _____

Does your dog have any illness or condition we should know about? _____

Your dog's diet is:

_____ Wet _____ Semi-wet _____ Dry-food Brand: _____

The dog's feeding time is:

_____ AM _____ PM _____ Throughout the Day How Much? _____

General Lifestyle

Where do you leave your dog when he/she is alone? _____

When you are home? _____

Longest period of time your dog spends alone? _____ Is this successful? _____

If not, why? _____

How many hours each day does a person interact with your dog? _____

Where is your dog when you are at home watching television? _____

Where is your dog when you are having dinner? _____

Where does your dog sleep at night? _____

Do you trust your dog loose indoors, unsupervised? _____ If no, why? _____

Is your dog potty-trained? _____ If no, please explain: _____

How does your dog tell you he/she needs to go potty? _____

Have you ever used a crate for your dog? _____ When & Why? _____

Do you trust your dog outside unsupervised? _____ If no, why? _____

If you have a fence, what type & how tall is it? _____

Household History

What types of animals has your dog lived with? (please include species, sex, etc) _____

Describe how they got along: _____

How does your dog respond to other pets? _____

Does your dog spend unsupervised time with these pets? _____

How does your dog respond to visiting animals (at your home, at another person's home, in a dog park, etc) _____

When is your dog **not** good with other animals? _____

Children

What ages of children has your dog been around? _____

When is your dog not good with children? _____

Would you say he/she is: (please circle)

Playful Friendly Tolerant Afraid Shy Rough Not Around

Additional comments about your dog with children? _____

Questions to Help Staff Care for Your Dog

What is your dog's reactions to visitors at the door? _____

How long does it take for him/her to calm down with a visitor at the house? _____

Has your dog ever nipped at anyone? _____ If yes, who? _____

Circumstances of the incident? _____

Has he/she EVER bitten anyone and drawn blood? _____ If yes, please explain: _____

Any part of the dog's body they don't like to be touched? _____

What does the dog do to show you they don't like it? _____

What is the dog's reaction to you/family members approaching when they are eating? _____

Is he/she better or worse around specific types of people or children? _____

Can you take trash or food out of your dog's mouth? _____ Who can safely do this? _____

Is your dog aggressively protective of his/her food? _____

Has your dog ever done anything that required discipline? _____

Has your dog every killed a cat or any other animal? _____

Does he/she chase: (please circle)

Adults Kids Squirrels Cats Bicycles Other

Is your dog aggressively protective of his/her: (please circle)

Food Home Yard Family Bed Car

Other Information

What are your dog's shining qualities? _____

How would you describe your dog's personality? _____

List 5 things your dog loves: _____

What daily exercise is your dog given? _____

Has your dog received obedience training? _____

What commands does your dog know? _____

How often do you groom (bathe, trim nails, etc) your dog? _____

Does your dog travel well in the car? _____

Where does your dog stay when you go on vacation? _____

Anything else you would like to say about your dog? _____

Thank you for your time and effort on completing this form. Should your dog stay at the Peninsula SPCA Adoption and Humane Education Center, this information will be used by staff to take care of your dog and place them with an appropriate adopter.