1. What type of people live in the home with this dog?
- [ ] Children under 12  
- [ ] Teenagers  
- [ ] Men  
- [ ] Women  
- [ ] Seniors

2. How often does this dog interact with people who do not live in this home?
- [ ] Never  
- [ ] Once per year  
- [ ] Once per month  
- [ ] Once per week  
- [ ] Every day

3. Please circle all behaviors you have observed when this dog interacts with strangers.
- Wags tail  
- Licks lips or yawns  
- Moves towards stranger  
- Moves away from stranger  
- Shows teeth  
- Growls  
- Licks stranger  
- Sits in stranger’s lap  
- Bites without drawing blood  
- Jumps up on stranger  
- Bites with drawing blood  
- Barks

4. How long is this dog typically left alone during the week?

Where is this dog when you leave him/her alone?
- [ ] Outside  
- [ ] Inside, Free Roaming  
- [ ] Inside, Crated

5. How does this dog behave when he/she is left alone (ex: sleeps, barks, chews on couch)?

6. Has this dog ever destroyed anything in the home?  
- [ ] YES  
- [ ] NO  
If yes, what did this dog destroy?

7. Where is this dog when you are home?
- [ ] Outside  
- [ ] Inside, Free Roaming  
- [ ] Inside, Crated

8. What would you describe as this dog’s bad habits?

9. What are this dog’s favorite activities?
10. What are this dog’s favorite treats?

11. What are this dog’s favorite toys?

12. Has this dog ever ingested non-edible items such as socks, toys, etc?  
   ☐ YES  ☐ NO  
   If yes, how were the items removed from the animal? Please circle applicable answers:
   ☐ Passed naturally  ☐ Surgery  ☐ Vet induced vomiting  ☐ Not sure

13. List below the veterinary practice(s) and clinic(s) that have seen this dog (or write NONE).

14. Please circle all behaviors you have observed when this dog goes to the vet:
   - Growls at other dogs in waiting room
   - Eats treats and appears relaxed
   - Has to be muzzled
   - Greets people in waiting room
   - Has bitten a vet or technician
   - Refuses to go in office
   - Greets other dogs in waiting room
   - Growls at vet or technician
   - Has been sedated for exam
   - Has been seen by a mobile vet
   - Has snapped at vet or technician
   - Has to be restrained

15. List below any MEDICATIONS or SUPPLEMENTS which this dog is currently taking (or write NONE).

16. List below any SURGERIES this dog has had (or write NONE).

17. List below any CHRONIC CONDITIONS such as ear infections, skin infections, etc. (or write NONE).

18. What TYPE OF FOOD does this dog eat? HOW MUCH is fed and HOW OFTEN do you feed?

19. What is this dog’s EATING STYLE?
   ☐ Eats it all at one time  ☐ Grazes throughout the day  ☐ Picky with eating
20. Circle any of these behaviors this dog has ever displayed while doing something he/she likes such as eating food, playing with toys, or relaxing with a favorite person.

Tenses body
Bites drawing blood
Shows teeth
Take special item and moves away
Goes towards person/animal while vocalizing
Bites without drawing blood
Growls
Gulps down food, treat or chews quickly
Stands over item
Snatches item from person/other animal
Keeps people/animals away from “their” person
Barks

21. Has this dog ever had a bath or their nails trimmed? If so, how does the dog respond?

22. Does this dog go for walks off your property? If so, how often does he/she go?

23. Please circle any of the gear listed below that this dog wears while walking.

Clip collar
Martingale collar
Prong collar
Electronic collar
Choke chain
Head halter
Body harness
Dog walks off leash

24. How many dog friends does this dog have? Please state breed and if they are male or female as well as if they are spayed/neutered (or write NONE).

25. Has this dog interacted with other dogs? [ ] YES [ ] NO

If you answered yes, please circle all behaviors you have observed when this dog interacts with another dog.

Ears back
Puts mouth on dog leaving wet fur
Moves away from dog
Hair stands up on back of neck or tail
Wrestles
Jumps over fence to get to passing dog
Lifts lip and shows teeth
Humps other dog
Sniffs environment/coexists with other dog

Playbows
Lowers body to the ground
Puts mouth on dog drawing blood
Stiffens his/her body
High pitched vocalization
Sniffs urogenital area
Avoids any interaction with dog
Tucks tail under body
Plays with toys with other dog

Wags tail
Moves towards dog
Chases
Runs along a fence barking at passing dog
Growls
Barks
Stands with head over other dog's shoulder
Lies down/relaxes in presence of other dog
Licks lips or yawns

26. Is there anything this dog is afraid of? [ ] YES [ ] NO

If yes, how does this dog react to the thing he or she is afraid of?
27. Please answer the following yes or no questions about this dog and other animals.

Has this dog been around cats?  

Would you recommend that this dog live with cats?  

Has this dog ever caused injury or death to a cat?  

Has this dog been around small animals such as bunnies, guinea pigs, etc?  

Would you recommend that this dog live with small animals?  

Has this dog ever caused injury or death to a small animal?  

Has this dog been around barn animals such as goats, chickens, horses?  

Has this dog ever caused injury or death to barn animals?  

Would you recommend that this dog live with barn animals?  

28. If this dog is currently living with or has lived with any of the animals mentioned above, describe the relationship.

29. Does this dog know any commands or tricks such as “sit,” “down,” or “shake”?  

If yes, what ones?

30. How does this dog react to riding in a car?

31. Describe the ideal home for this dog.

32. If this dog is a stray, how were you able to bring it to the Shelter?

Put a leash & collar on it  

Picked it up  

Corraled it in secure area  

Other (explain below)

33. How long have you seen this dog in the area where you found it?  

Have you observed anyone interacting with it regularly?  

Do you know who its owner may be?  