Dog’s name: __________________________

Dog’s nickname: __________________________

Household History

Do you take your dog outside to go to the bathroom?  ☐ No  ☐ Yes  ☐ Paper trained
If yes, how many times a day does the dog go out? __________________________

How does this dog let you know it needs to go outside? __________________________

Does your dog have accidents in the house?  ☐ No  ☐ Yes
If yes, how often?  ☐ Daily  ☐ A few times a week  ☐ A few times a month  ☐ A few times a year
If yes, does your dog:  ☐ Urinate  ☐ Defecate  ☐ Both

Is the dog crate trained?  ☐ Yes  ☐ No
If yes, how long did the dog spend in the crate each day? __________________________

How long can your dog “hold it”?  
☐ Not at all  ☐ 1-3 hours  ☐ 4-8 hours  ☐ 8-12 hours  ☐ 12+ hours

How long is your dog left alone, without people?  
☐ Never  ☐ 1-3 hours  ☐ 4-8 hours  ☐ 9-12 hours  ☐ Over 12 hours
When alone, is your dog:  ☐ Outdoors  ☐ Free in the house  ☐ Confined to a room  ☐ Crated
☐ Other (please describe) __________________________
When left alone does your dog:  
☐ Destroy household items  ☐ Urinate  ☐ Defecate  ☐ Bark  ☐ Cry  ☐ None
If your dog destroys household items check all that apply:  ☐ Chews woodwork/walls
☐ Chews windows/doors  ☐ Chews furniture  ☐ Chews clothing/shoes  ☐ Chews toys
☐ Other __________________________

When you are home, does your dog?  
☐ Destroy household items  ☐ Urinate  ☐ Defecate  ☐ Bark  ☐ Cry  ☐ No issues
☐ Other __________________________

How does your dog react to bathing / handling such as petting or hugging?  
☐ Doesn’t know any commands  ☐ Growls  ☐ Snaps  ☐ Bites  ☐ No reaction
☐ Moves away  ☐ Shows teeth  ☐ Other __________________________

Are there areas on the dog’s body your dog does NOT like to be touched?  
☐ Ears  ☐ Mouth  ☐ Tail  ☐ Collar  ☐ Rear end  ☐ Paws/ nails  ☐ Can touch dog anywhere
☐ Other __________________________
If touched in the above place[s], how does your dog respond?  
☐ Moves away  ☐ Shows teeth  ☐ Growls  ☐ Snaps  ☐ Bites  ☐ No reaction
☐ Doesn’t react negatively when touched anywhere  ☐ Other __________________________

Is the dog permitted to sit and/or sleep on furniture?  ☐ Yes  ☐ No

How does your dog behave in the car?  
☐ Enjoys  ☐ Afraid  ☐ Resists entering  ☐ Sleeps
☐ Barks  ☐ Vomits  ☐ Urinates/Defecates  ☐ Never tried  ☐ Fine in a crate / restraint

What words does this dog understand?  
☐ Sit  ☐ Stay  ☐ Down  ☐ Off  ☐ Treat/cookie
☐ Come  ☐ Leave it  ☐ Drop  ☐ No  ☐ Doesn’t know any commands
☐ Fetch  ☐ Okay  ☐ Heel  ☐ Quiet  ☐ Other __________________________
What are the dog’s favorite kinds of toys?

Possessive History

<table>
<thead>
<tr>
<th>How does your dog react when you or another family member...</th>
<th>No reaction</th>
<th>Never tried</th>
<th>Allows</th>
<th>Lunges</th>
<th>Shows teeth</th>
<th>Growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>Other (please describe)</th>
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</thead>
<tbody>
<tr>
<td>...pet him/her or touch the bowl or food while eating</td>
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<td>...pet him/her or touch a bone, rawhide, pig’s ear or other delicious edible while chewing</td>
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<td>...pet him/her or touch a stolen food item</td>
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<td>...pet him/her or touch a stolen object (tissue, shoe, sock, etc.)</td>
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<td>...pet him/her or touch a toy in his/her mouth</td>
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<td>...pet him/her or move him/her while sleeping</td>
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<td>....push or pull him/her off of furniture</td>
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<td>....approach him/her while next to another family member</td>
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</tbody>
</table>

Medical History and Behavior towards the Veterinarian

Has your dog ever had surgery?  □ Yes  □ No  □ Unknown
If yes, please explain: _________________________________________________
__________________________________________________________________
__________________________________________________________________
How does your dog behave during visits to the vet? ________________________

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

Is there anything else we should know about your dog’s medical history? ________________________
__________________________________________________________________

Behavior History

Is there anything you want a new family to know about your dog’s interaction with:
Men ________________________________________________________________
Women ______________________________________________________________
Children ______________________________________________________________
Dogs ________________________________________________________________
Cats ________________________________________________________________
Other ________________________________________________________________

Please tell us about your dog’s “bad habits” or fears (chewing shoes, jumping on counters or people, hiding during thunderstorms etc): ________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Are there any wonderful, special traits or habits that you would like his/her new family to know about?
__________________________________________________________________
__________________________________________________________________