

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?

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 _____

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

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?

