



Dog Background Form

Dog's Name: _____ Nicknames: _____

Sex: male female Spayed/Neutered: Yes No Unsure

Age: _____ years _____ months How long have you had this dog? _____ years _____ months

Where did you originally get this dog? _____

What is your relationship to this dog? Owner Friend / Caretaker Other: _____

What is the reason for surrendering this pet? _____

Household Information:

People dog has lived with: Kids under 5 Kids aged 5-10 Kids 11+

Adult Men Adult Women

Animals dog has lived with: Dogs Cats Livestock Other: _____

During the day the dog is usually (check any that apply):

Mostly inside - Free in house In a specific room In a crate/kennel

Mostly outside - Fenced-in yard On property (no fence) On a tie out

In a dog run or kennel Other: _____

Equally indoors and outdoors

Home alone Home with people Home with other pets Other: _____

At night the dog usually sleeps:

Inside - Crate Dog bed In bed with people Other: _____

Outside - Crate Dog bed Dog house Other: _____

Is the dog potty trained?

Yes - goes outside Yes - potty pads inside Mostly potty trained No Not sure



Personality:

Three words that best describe this dog: _____

What is the best quality about your dog? _____

What does your dog need the most improvement with? _____

Please check any that apply to the dog's personality: Friendly Shy Independent Needy
 Confident Skittish Playful Easy-going Affectionate Aggressive Sensitive

How energetic is the dog? Energizer Bunny Somewhere in the middle Mellow

How much attention does the dog demand? Constant Moderate Low maintenance

What is your dog afraid of? _____

When does your dog become irritated? _____

What activities does the dog enjoy? Running Beach/Water Playing fetch Going to park
 Playing with toys. Favorite toy is: _____ Playing with other animals
 Cuddling Snoozing Other: _____

Health and Medical:

What does your dog eat? Dry kibble (brand _____)

Canned food (brand _____) Table scraps

Other: _____ Favorite treat: _____

When is the dog fed? Once daily Twice daily Free fed Other: _____

Have you ever taken the dog to the vet? No Yes, but not often Yes, regularly

Which Vet Clinic? _____

Does the dog have any current injuries or health problems you are concerned about? No

Yes: _____



Has the dog ever had any injuries or health problems in the past? No Yes: _____

Is the dog on any daily or monthly medication? No Yes daily: _____

Yes: monthly: _____

Behavior

Is there any body part the dog is sensitive about being handled? _____

Does your dog know any commands? Knows name Come Sit Lie down Stay

Heel Leave it Other: _____

Does the dog walk on a leash? No Yes, but still working on leash skills Yes, walks well

How does your dog behave when left alone? Does well Indifferent Sleeps

Has accidents Destroys things Has anxiety Other: _____

Has the dog ever escaped? No Yes, once Yes, multiple times:

door dasher fence climber opens latches breaks through fencing

digs under fence

Does the dog ever guard their food, toys or other items of value? No

Yes from other animals: _____

Yes from people: _____

Does the dog ever chase? Cars People running, on bikes or skateboards Cats Chickens

Has does this dog behave around:

Adults in family? Friendly Tolerant Fearful Aggressive Don't know

Unfamiliar men? Friendly Tolerant Fearful Aggressive Don't know

Unfamiliar women? Friendly Tolerant Fearful Aggressive Don't know

Children in family? Friendly Tolerant Fearful Aggressive Don't know

Unfamiliar children? Friendly Tolerant Fearful Aggressive Don't know

Any additional notes: _____



How does this dog behave around:

- | | | | | | |
|------------------|-----------------------------------|-----------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| Familiar dogs? | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Don't know |
| Unfamiliar dogs? | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Don't know |
| Cats? | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Don't know |
| Chickens? | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Don't know |
| Livestock? | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Don't know |

Any additional notes: _____

Does your dog prefer a certain type or size of another dog? _____

Has the dog ever nipped a person, as in they made contact but did not break skin? Yes No

Has the dog ever bitten a person, meaning they have broken skin? Yes No

Has the dog ever injured another dog? Yes No

Has the dog ever injured another type of animal? No Yes Yes, trained in hunting

Type of animal(s): _____

Any additional information you want us to know about your dog: _____

Thank you for answering these questions honestly. Everything you have told us about your dog is important in helping their shelter experience and finding them an appropriate home.