



Dog Background Form

ARN: _____

Dog's Name: _____ Age: _____ Reason for surrendering? _____

How long have you had your dog? _____ Where did you originally get them? _____

People your dog has lived with: Men Women Kids under 5 Kids 5-10 Kids 11+

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

Where does your dog live most of the time? Inside Outside Both

If outside, are they: On a tie out? In a kennel? In a fenced-in yard? Other: _____

Is the dog potty trained? Yes Mostly potty trained No Not sure

Personality:

What do you love most about your dog? _____

What do you feel your dog needs help with? _____

What is your dog afraid of? _____

When does your dog become irritated? _____

What is your dog's favorite activity? _____

Health & Wellbeing:

What does your dog eat (wet/dry/brand)? _____ How often? _____

Has your dog seen a vet? No Yes, but not often Yes-Vet Clinic: _____

Is your dog on medication? No Yes- Type: _____

Is your dog sensitive about being handled? No Yes- Where on body? _____

Does your dog know any tricks? _____

How does your dog do well when left alone? _____

Has your dog ever escaped? No Yes- details: _____

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

Yes from people- details: _____



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Behavior:

How does your dog do with: Dogs? _____ Cats? _____
Kids? _____ Strangers? _____

Has your dog ever bitten another dog? No Yes (check any that apply):

- Mouth made contact; did not break skin. Single bite; broke other dog's skin. Multiple bites; broke other dog's skin Urgent vet care was needed for other dog. Other dog passed away.

Has this dog ever bitten a person? *Meaning they made contact and broke the skin.* No Yes (check all that apply):

Bit once:

Bit multiple times:

- | | |
|---|---|
| <input type="checkbox"/> Scraped the skin with teeth; left abrasion | <input type="checkbox"/> All punctures were less than 1/2" deep |
| <input type="checkbox"/> Left a puncture less than 1/2" deep | <input type="checkbox"/> Punctures were more than 1/2" deep |
| <input type="checkbox"/> Left a puncture more than 1/2" deep | <input type="checkbox"/> Bit and shook head |
| <input type="checkbox"/> Bit and held down | |

Where was the dog? _____ Who did the dog bite? _____

What was this person's relationship to your dog? _____

What was the person doing right before your dog bit? _____

Was medical care needed? No Yes- Details: _____

Did your dog give any warning beforehand? No Yes (check all that apply):

- Turned body away Walked away Crouched Body stiffened Growled Barked
- Showed teeth Snapped

Has your dog been involved in any incidents involving our Humane Enforcement Officers?

- No Yes

Thank you for answering these questions honestly. This will help us in figuring out the best plan for your dog's individual needs, help with safety, as well as prevent any future incidents.