



Dog Intake Questionnaire

Date: _____

Has this dog bitten anyone or any animal in the past 10 days?

- No Yes If yes, please stop and inform the staff.

General Information

Dog's Name: _____ Age or approximate age: _____

Sex: Male Female Unsure Spayed/Neutered? Yes No Unsure

Any I.D.? Microchip? Number: _____ Tattoo? Location: _____

History

Why surrendering? _____

What efforts have you taken to re-home your pet? _____

How long have you owned this dog? _____

Where did you acquire this dog?

- From HSTC Rescue Group Breeder Found as a stray Ad (paper, Craigslist, etc)
 Friend/relative Pet Store Born in my home Other _____

Lifestyle & Home Life

Is this dog more comfortable with:

- Women Men Children Teenagers Seniors Loves all people

Please check all the animals that the dog has *lived* with: (*check all that apply*)

- Male dogs Female dogs Small animals (what kind?) _____
 Male cats Female cats Farm animals (what kind?) _____
 Other (please explain) _____

Describe the dog's behavior around *other dogs*. (*Check all that apply*)

- Never been around dogs Adores other dogs Friendly/playful Aggressive with all dogs
 Bossy Frightened Ignores or is indifferent Gentle/submissive Roughhouses
 Aggressive with same sex dogs Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe the dog's behavior around *cats*. (*Check all that apply*)

- Never been around cats Respectful Friendly/playful Aggressive Has killed a cat
 Frightened Ignores or is indifferent Gentle/submissive Chases for fun Chases to harm
 Other (please explain) _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Where was the dog when no human members of your family were at home?

- Free run of the house Crated In fenced yard In garage or basement
 Confined to kitchen/bathroom Outside on chain or runner Electronic Pet Containment (what type)
 Other (please explain) _____

How many hours a day was the dog kept outside?

- None Less than an hour 1-2 hours 3-4 hours More than 5 hours Lived outdoors
 Allowed inside only at night Other (please explain) _____

If your dog was confined by a fence, how high was the fence? _____

Does your dog run after cars, bikes, or pedestrians? Yes No

If yes, what does the dog do when he/she gets to them? _____

Where does the dog sleep at night? (*Check all that apply*)

Loose inside house In garage Outside In child's room Confined to one room

In adult's room On my bed On dog bed On couch or chair Crate

Other (please explain) _____

Manners & Training

Does your dog have any specialty training? _____

Please check the following if the dog has ever done any of the following:

Adult family members: Growled Snapped Bitten Barked

Children family members: Growled Snapped Bitten Barked

Strangers at door: Growled Snapped Bitten Barked

Visiting adults: Growled Snapped Bitten Barked

Visiting children: Growled Snapped Bitten Barked

Vet or groomer: Growled Snapped Bitten Barked

People near his/her sleeping area: Growled Snapped Bitten Barked

Pedestrians: Growled Snapped Bitten Barked

People near his/her food: Growled Snapped Bitten Barked

People in uniform: Growled Snapped Bitten Barked

Wildlife: Growled Snapped Bitten Barked

Neighbors pets: Growled Snapped Bitten Barked

Is this dog housetrained? Yes No Almost (started training)

What words does your dog understand?

Sit Stay Down Heel Come Leave it Drop Wait Off Fetch

Doesn't know any commands Other (please explain) _____

Is the dog protective or possessive of any of the following? (*Check all that apply*)

Food (to other pets) Toys (to other pets) His/her body Food (to people) Toys (to people)

Owner/family Property Other (please explain) _____

Please check all of the following that frighten this dog:

Babies or toddlers Men Women Teenagers School-age children Strangers/visitors

Water People in uniform Unpredictable children Vacuums Brooms Loud voices/yelling

Thunder/lightening Car Erratic or sudden movement Fireworks/loud noises

Veterinarian/groomer Other (please explain) _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

Health

Did the dog see a veterinarian on a regular basis (at least once a year)? Yes No

Which Veterinarian / Clinic? _____

Does the dog need to be muzzled at the vet? Yes No

Has this dog had any surgery? _____

Does this dog have any medical conditions/concerns: _____

Diet, Exercise & Play

What *brand* of food did you feed? _____

How often did you feed, and how much? _____

Did you use: Dry food Wet food Combination of both Semi-Moist

Does the dog receive "treats" on a regular basis? Yes No

If so, what kind? _____

Does your dog have any allergies or sensitivities to any grains or common food ingredients?

Yes No If yes, which grains or ingredients? _____

Experiences with Children

If your dog has never lived with or regularly visited with children, you may skip forward to the next section. Otherwise, please take the time to complete this section with accurate information so that we can make a safe and responsible placement with children in a new home. Your attention to detail is expected and appreciated.

Did your dog live with children *in your home*? Yes No. Ages: _____

Would you recommend this dog live with children? Yes No

Explain _____

Did your home have children as visitors on a regular basis? Yes No. Ages: _____

Were all interactions between dog and child(ren) supervised by an adult? Yes No

If yes, please explain: _____

Describe your *dog's* behavior around children and ages of children.

Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her?
