Canine Questionnaire

Animal ID#______________________________

All pet owners are asked to complete this questionnaire at the time of surrender. This information can provide us with more background about the animal’s history and behavior which is helpful in determining what is best for the dog or puppy. Please answer as many questions as possible, we appreciate your honesty!

Date: ________________________________

1. Dog’s name: _________________________ Age or approximate age: ______
   Sex: □ M □ Neutered □ F □ Neutered How long have you had this animal? ______

2. Reason for surrender: ____________________________

3. How did you get this dog? □ Found □ Friend/Relative □ Responded to an ad □ Gift
   □ Born in my home □ Breeder □ Pet store □ Shelter/Rescue
   □ Other: ____________________________

4. Has the dog ever bitten a person? □ No □ Yes If yes, did it break the skin? □ Yes □ No

5. Has the dog ever killed or injured another animal? □ No □ Yes, please describe: ____________________________

6. The dog’s personality tends to be: (check all that apply) □ Friendly □ Playful □ Gentle
   □ Timid/shy □ Confident □ Nervous □ Affectionate □ Protective □ Active □ Reserved
   □ Aggressive □ Fearful □ Hyper □ Other: ____________________________

7. What is the dog’s activity level? □ Mellow □ Fairly calm □ Active, but settles down
   □ Always moving

8. Describe the daily exercise your dog receives: ____________________________

9. What do you like most about the dog? ____________________________

10. Has the dog lived with: □ Men □ Women □ Children under 6 years □ Children 6-12 yrs
    □ Teens (13-19 yrs) □ Cats □ Dogs (breed/size: ____________________________)
    □ Other animals: ____________________________

11. How does the dog behave around other dogs?
    Other cats? ____________________________ Children (ages)? ____________________________
    New people? ____________________________ Other small animals? ____________________________

12. Is your dog housetrained? □ Yes □ No □ Unsure
    How do you know he/she needs to go out? ____________________________

13. Is your dog crate trained? □ Yes □ No □ Unsure

14. Has your dog lived: □ Indoor mainly □ Indoor/Outdoor □ Outside only

15. How many hours is the dog usually left alone during the day? ____________________________

16. Does your dog tend to: □ Dig □ Chew destructively □ Bark/howl excessively
    □ Chase cars/bikes □ Jump fences of _________ ft. □ Not tolerate being brushed/groomed
    □ Fear loud noises □ Other: ____________________________

continued on back
Animal ID# ________________

17. Has your dog received or completed obedience training? □ Yes  □ No  □ Don’t know/remember
Commands known (check all that apply):  □ Sit  □ Down  □ Come  □ Off  □ Shake
□ Other: ________________________________

18. What are your dog’s favorite treats or toys? __________________________________________

19. Is your dog microchipped?  □ Yes (with □ AVID, □ HomeAgain, or □ other ______________________)
□ No  □ Unsure

20. Any illnesses, conditions, allergies or injuries a new owner should be aware of regarding this dog?
□ No  □ Yes  If yes, please explain: ________________________________

21. Has this dog seen a veterinarian in the past 12 months? □ Yes  □ No
Reason for visit: ________________________________ Clinic name/location: ________________________

22. Has this animal traveled/lived outside the Pacific Northwest in the last 12 months? □ Yes  □ No
□ Don’t know  If yes, where and for how long? ________________________________

Please provide additional information about the background, behavior or medical history of this animal below.

**Additional Background Information**

**Additional Behavior Information**

**Additional Medical Information**