

Shelter use only
Branch location: _____
Collected by: _____
Dog ID: _____

Incoming Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his new home, this information will help us find the most suitable home for your dog and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Dog's Name _____

Incoming Dog Profile

Dog and Household Information

1. Dog's name _____ 2. Sex Male Female 3. Age years _____ months _____

4. Breed _____ 5. How long have you had this dog? years _____ months _____

6. Is the dog spayed or neutered?

Yes No

7. Your relationship to dog?

Owner Friend/caretaker Foster owner Other _____

8. Where did you get this dog from?

This shelter Friend/relative Newspaper/web site Found/stray Breeder Pet store

Other shelter/rescue (please write name) _____

Other (please describe) _____

9. Why are you giving up this dog? _____

10. Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

11. What other animals did your dog live with?

No other animals in household Dogs Cats Other (Please describe) _____



Questions marked by paw print are necessary to complete the Behavioral History section on the Match-Up II Shelter Dog Rehoming Program.

Typical Behavior

(Your dog's **usual** behavior)

12. How does your dog **usually** behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

 13. Does your dog **usually** uncontrollably chase or attempt to chase any of the following? Please check all that apply.

- Joggers
 Bicycles
 Skateboarders/roller bladers
 Cars/motorcycles
 Outdoor cats
 Squirrels or other small animals
 Birds
 Doesn't chase
 Other (please describe) _____

14. How does your dog **usually** react when you or another family member does the following? Please check boxes.

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

15. How does your dog **usually** react when an unfamiliar person approaches or enters the yard or house?

- Friendly
 Afraid
 Barks
 Shows teeth/growls
 Snaps
 Bites
 None of these

16. Do you take your dog out to go to the bathroom?

- Yes (please specify how many times per day) _____
 No/paper trained

17. Does your dog **usually** have "accidents" in the house?

- Yes (please specify how many times per day) _____
 No

18. Where does your dog spend most of his/her time?

- Inside the house, runs free
 Inside the house, in cage
 Outside the house, runs free in the neighborhood
 Outside the house, runs free in the yard
 Outside the house, in cage
 Outside the house, tied
 Other (Please describe) _____

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19. How long is your dog left alone, without people, during the week?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

20. When your dog is left alone, is he/she...

- Outdoors Free in home Confined to a room In a cage Other (Please describe) _____

 21. When left alone, does your dog **usually** show any of the following behaviors? Please check all that apply.

- Destroy household items Urinate/defecate Bark Cry None of these

22. When you are home, does your dog **usually** show any of the following behaviors? Please check all that apply.

- Destroy household items Urinate/defecate Bark Cry None of these

23. When your dog plays, does he/she typically... Please check all that apply.

- Jumps Growls Barks Bites lightly Bites hard None of these

24. What toys does your dog like?

- Balls Frisbee Plush Squeaky Tug Toy None Other (Please describe) _____

25. What games does your dog like?

- Fetch Tug Chase Wrestling None Other (Please describe) _____

26. Is your dog scared of anything?

- Yes (Please describe) _____
 No

27. Please tell us your dog's "bad habits" – _____

28. Is your dog allowed on furniture? Yes No

29. Where does your dog **usually** sleep overnight?

- Cage Floor Dog bed Couch Owner's bed Other (Please describe) _____

30. What commands does your dog know?

- No commands known Sit Stay Down Come Heel Give paw
 Other (Please describe) _____

31. Has your dog attended any obedience training classes? Yes No

32. Has your dog ever been walked on the leash? Yes No

33. Does your dog have problems riding in the car?

- Yes (Please describe) _____
 No Don't know





 34. Has your dog escaped your property 2 or more times in the last 6 months?

- Yes (Please describe) _____




 No

Aggressive Behavior

(Behavior that has **ever** happened)

-  36. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?
 Yes No Don't know
-  37. Has your dog ever attacked another dog resulting in severe injury or death to another dog?
 Yes No Don't know
-  38. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?
 Yes No Don't know
-  39. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men					
Women					
Children					
Dog					
Other domesticated animal species (cat, livestock, etc.)					

-  40. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain? Yes No
-  41. If snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain? Yes No
-  42. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

-  43. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. If does not apply, skip the table.

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward dog?						

 Questions marked by paw print are necessary to complete the Behavioral History section on the Match-Up II Shelter Dog Rehoming Program.

Medical History

44. Does your dog see a veterinarian at least once a year? Yes No

45. If "yes", please specify the veterinarian name and contact info:

Veterinarian Name _____ Contact info _____

 46. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/ growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

47. Does your dog have to be muzzled at the veterinarian? Yes No

48. Does your dog have any past or present medical conditions?

Yes (Please describe) _____

No

49. Is your dog currently on any medication or special diet?

Yes (Please describe) _____

No

50. What type of food does your dog eat? (Please check all that apply)

Dry Wet/canned Table scraps

Please feel free to tell us any additional helpful comments.
