

My Dog's History



HUMANE SOCIETY
OF SOUTHWEST MISSOURI

Dog's Name _____ I.D.# _____ (office use only)

_____ weeks / months / years _____ spayed / neutered
Age Sex

Breed(s) _____ Color(s) _____

How long have you had your dog? _____ weeks / months / years

How did you receive your dog?

Breeder /Pet Store Stray Friend, Neighbor, Relative
 Internet Born at home
 Newspaper Animal Shelter Other: _____

Why did you decide to adopt/purchase this dog?

Companion For the kids Companion for other pet
 Protection For a Friend
 Surprise Gift For a Relative Other: _____

Veterinarian _____ **Last Visit:** _____

City/State _____ Vaccinations Current? **Yes No**

Why have you decided to give up your dog? (*please explain further on page 2)

Moving Not Housetrained *Behavior Issues *Not compatible with other people
 Allergic Not Enough Time Personal Health *Not compatible with my pets
 *Biting New Baby / Child *Health/Age of dog *Not compatible with small animals

Other: _____

Please take a few moments to complete the following questions about your dog.

The more information we obtain from you, the better prepared we will be concerning their care and time at our shelter.

Potential owners will also be able to make a more knowledgeable decision, as to whether their family would be a good fit for your dog as well.

Behavior

How does your dog react or respond to the following?

	Friendly	Shy	Aggressive	Neutral	Playful	Fearful	Rough	Unknown
Young Children								
Older Children								
Men								
Women								
Mature Adults								
Dogs								
Cats								

Comments:

Does your dog have any behavior issues that a potential adopter should be aware of?

Barking Jumping Boring/Tired Nipping Scratching
 Too needy Destructive Fearfulness VERY active Always on furniture

Other: _____

Does your dog have separation anxiety? **YES NO** Diagnosed by: **Veterinarian / Trainer / Other**

If yes, please explain: _____

Is your dog housetrained? **YES NO** If you answered NO, does your dog have accidents: _____ Rarely?

_____ Few times a week? _____ Only when excited? _____ Stays outside? Other?: _____

Does your dog have any areas it DOESN'T like to be touched?

Tail Feet Ears Neck Face / Head Belly Other: _____

Does your dog bite or growl when you touch their food, toys or treats? YES NO

If yes, please explain: _____

If your dog has bitten, did they break the skin? YES NO Draw blood? YES NO Did you see a physician? YES NO

If yes, please explain: _____

Environment

When you and/or your family is **at home**, where does your dog spend most of its time?

Please also indicate where your dog spends its time when you're **away** from home.

Mark all that apply.

Home	Location	Away
<input type="checkbox"/>	In a crate	<input type="checkbox"/>
<input type="checkbox"/>	In a fenced yard	<input type="checkbox"/>
<input type="checkbox"/>	Inside roaming freely	<input type="checkbox"/>
<input type="checkbox"/>	Outside roaming the countryside	<input type="checkbox"/>
<input type="checkbox"/>	Pet Sitter / Doggie Daycare / Boarding	<input type="checkbox"/>
<input type="checkbox"/>	Tethered by chain, long-line, trolley	<input type="checkbox"/>
<input type="checkbox"/>	Outdoor exercise pen/kennel	<input type="checkbox"/>

Playtime / Exercise

How often are you and/or your family able to spend time interacting your dog?

Daily Every few days Weekly Every few weeks Monthly No time

Where?	With whom?	Favorite Toys?	Type of play?	Activity?
<input type="checkbox"/> Public park	<input type="checkbox"/> Adults	<input type="checkbox"/> Squeaky	<input type="checkbox"/> Gentle Lamb	<input type="checkbox"/> Petting / Grooming
<input type="checkbox"/> Dog Park	<input type="checkbox"/> Older Children	<input type="checkbox"/> Stuffed	<input type="checkbox"/> Casual / Easy	<input type="checkbox"/> Playing Chase / Fetch
<input type="checkbox"/> Backyard	<input type="checkbox"/> Young Children	<input type="checkbox"/> Balls	<input type="checkbox"/> Fun & Active	<input type="checkbox"/> Road Trips / Errands
<input type="checkbox"/> On walks	<input type="checkbox"/> Mature Adults	<input type="checkbox"/> Tugs	<input type="checkbox"/> Rough & Tumble	<input type="checkbox"/> Cuddling

Other: _____

How does your dog walk on a leash?

Loose/Easy Pulls frequently Struggles/Tight Working with a trainer Never tried

Have you or your dog ever attended a training class? YES NO

Where? _____ When? _____

What type of situation would be ideal for your dog?

<input type="checkbox"/> Sitting at home by the fire	<input type="checkbox"/> Being completely spoiled rotten	<input type="checkbox"/> Running free in the country
<input type="checkbox"/> Laying on someone's lap all day	<input type="checkbox"/> Having other dogs to play with	<input type="checkbox"/> Enjoying a big yard to play in
<input type="checkbox"/> Playing with a big active family	<input type="checkbox"/> Walking / Running / Hiking with their person	
<input type="checkbox"/> Having adventures every day	<input type="checkbox"/> Performing Agility / Herding / Freestyle	

What do you most enjoy about your dog?

What would you change about your dog?

Additional information that could be helpful for your dog's care or for a potential new owner.
