



## Home Life

Please circle all animals that your dog has lived with:

- Male Dogs    Female Dogs    Small Animals (what type) \_\_\_\_\_ caged or loose  
 Male Cats    Female Cats    Farm Animals (what type) \_\_\_\_\_  
 Other (Please Explain) \_\_\_\_\_

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

- Never been around    Adores    Friendly/ Playful  
 Aggressive    Bossy    Frightened  
 Ignores or Indifferent    Gentle/Submissive    Plays Rough  
 Aggressive with same gender    Other \_\_\_\_\_

Please describe the dogs play style with other dogs. (Circle all that apply)

- Plays Chase    Plays Hard/Dominant    Barks Constantly  
 Herd or Nip    Loves all Dogs    Likes to Just "Hang out"  
 Adapts to play style of other dogs    Plays Quiet/Shares toy  
 Not Interested in Play    Other \_\_\_\_\_

Does the dog play better with:    Male Dogs    Female Dogs    Both    Neither

Would you recommend placing this dog in a home with other dogs?    YES    NO  
 Doesn't Matter

Please describe the dog's behavior around cats. (Circle all that apply)

- Never been around    Respectful    Friendly/Playful  
 Aggressive    Has Killed a cat    Frightened  
 Ignores/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  
 Doesn't Matters    If no, please explain: \_\_\_\_\_

Where does the dog like to sleep at night? (Circle all that apply)

- Loose in house    In garage    Outside    In kid's room  
 Confined to one room    In Adults room    On Bed    On dog bed  
 On Child's Bed    Couch or Chair    Crate    Other \_\_\_\_\_

Where was the dog kept when no one was home?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Loose Inside the Home      | <input type="checkbox"/> Crated               | <input type="checkbox"/> In Fenced Yard |
| <input type="checkbox"/> In Garage/Basement         | <input type="checkbox"/> Confined to One Room | <input type="checkbox"/> On a Chain/Tie |
| <input type="checkbox"/> Electronic Pet Containment | <input type="checkbox"/> Other _____          |   |

How much time does the dog normally spend outdoors? \_\_\_\_\_  
\_\_\_\_\_

How was the dog confined when outdoors?

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Fenced Yard (Height? _____) | <input type="checkbox"/> Invisible Fence  | <input type="checkbox"/> Dog House |
| <input type="checkbox"/> Tied Out (Chain or runner)  | <input type="checkbox"/> Kennel/Enclosure | <input type="checkbox"/> Loose     |
| <input type="checkbox"/> Other _____                 |   |                                    |

Has the dog ever wandered or run away?  YES  NO If YES how often? \_\_\_\_\_

### Manners and Training

What training has the dog participated in? (Circle all that apply)

- |  |  |                                   |                                     |
|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Home trained          | <input type="checkbox"/> Obedience Class | <input type="checkbox"/> Fly Ball | <input type="checkbox"/> Herding    |
| <input type="checkbox"/> Therapy Dog certified | <input type="checkbox"/> Field Work      | <input type="checkbox"/> Agility  | <input type="checkbox"/> Schutzhund |
| <input type="checkbox"/> Other _____           |  |                                   |                                     |

Has the dog ever done any of the following? (Circle all that apply)

- |                                  |                                  |                                 |                                |                                |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Adult Family Members           |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Children Family Members        |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Strangers at Door              |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Visiting Adults                |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Visiting Children              |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Vet or Groomer                 |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | People Walking By              |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | People/Animals by his/her Food |
| <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never | Other Animals                  |

Is the Dog Housetrained?  YES  NO  Almost/Started Training  
If YES, how does he/she signal to go outside? \_\_\_\_\_  
If NO, please explain: \_\_\_\_\_

When do the housetraining accidents usually happen? (Circle all that apply)

- Never                                       When Unsupervised                       When not kept on a schedule  
 When dog gets over excited                       When dog signals to go out and is Ignored  
 Other \_\_\_\_\_

How have you tried to prevent further accidents? \_\_\_\_\_  
\_\_\_\_\_

Can the dog be trusted off leash? \_\_\_\_\_

Does the dog chase cars, bicycles, or people walking by?     YES                       NO  
If yes what does the dog do when he/she reaches them? \_\_\_\_\_

Has the dog ever been kenneled?     YES                       NO  
If YES how did the dog react? \_\_\_\_\_

Is the dog crate trained?     YES                       NO  
How long did the dog usually spend in the crate daily? \_\_\_\_\_

Is the dog destructive when left alone inside the home?     YES                       NO  
If YES please explain what the dog does when being destructive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the dog bark when left alone?    Outdoors?     YES     NO    Inside?     YES     NO

What commands does the dog understand? (Circle all that apply)

- Sit                       Stay                       Down                       Heel                       Come                       Leave It  
 Drop It                       Off                       Fetch/Get It                       No                       Get Out                       None  
Other: \_\_\_\_\_

Please describe the dogs behavior in the car (Circle all that apply)

- Loves it                       Hates it                       Tolerant                       Nervous  
 Afraid, but ok                       Calm                       Car Sick                       Destructive  
 Never rides in car     Other: \_\_\_\_\_

Is the dog protective of any of the following? (Circle all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Food (with other animals) | <input type="checkbox"/> Toys (With other animals) | <input type="checkbox"/> His/her body |
| <input type="checkbox"/> Food (with people)        | <input type="checkbox"/> Toys (with people)        | <input type="checkbox"/> The Car      |
| <input type="checkbox"/> Owner/Family              | <input type="checkbox"/> Home/Property             | <input type="checkbox"/> Other: _____ |

Is the dog frightened of any of the following? (Circle all that apply)

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Small Children     | <input type="checkbox"/> Men          | <input type="checkbox"/> Women             | <input type="checkbox"/> Older Children |
| <input type="checkbox"/> Strangers/Visitors | <input type="checkbox"/> Loud Noises  | <input type="checkbox"/> Thunder/Lightning | <input type="checkbox"/> Cars           |
| <input type="checkbox"/> Sudden Movements   | <input type="checkbox"/> Vacuum       | <input type="checkbox"/> Vet/Groomer       | <input type="checkbox"/> Fireworks      |
| <input type="checkbox"/> Loud Noises        | <input type="checkbox"/> Other: _____ |  |   |

**Diet, Exercise, and Play:**

What brand of food does the dog eat? \_\_\_\_\_  
How much and how often did you feed the dog? \_\_\_\_\_

Did you feed:       Dry Food                       Canned Food                       Both

What is the dog's favorite treat?  
\_\_\_\_\_

Is the dog allergic to any food/treat ingredients?       YES                       NO  
If so what: \_\_\_\_\_

What kind of toys does the dog like? (Circle all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Doesn't like toys | <input type="checkbox"/> Frisbee         | <input type="checkbox"/> Squeaky Toys |
| <input type="checkbox"/> Tennis Balls      | <input type="checkbox"/> Rope Toys       | <input type="checkbox"/> Shoes        |
| <input type="checkbox"/> Stuffed Toys      | <input type="checkbox"/> Children's Toys |                                       |
| <input type="checkbox"/> Other: _____      |  |                                       |

Please describe the dogs play style with people. (Circle all that apply)

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Plays Gentle | <input type="checkbox"/> Plays Rough, but stops when told | <input type="checkbox"/> Plays very physically     |
| <input type="checkbox"/> Chases       | <input type="checkbox"/> Just like to "Hang Out"          | <input type="checkbox"/> Tries to Herd             |
| <input type="checkbox"/> Mouthy       | <input type="checkbox"/> Jumps up                         | <input type="checkbox"/> Not Interested in playing |

**Experience with Children:**

Has the dog lived with children?       YES                       NO  
If YES what were their ages? \_\_\_\_\_

Would you recommend placing this dog in a home with children?  YES  NO

Why or Why not? \_\_\_\_\_

Did your home have children as visitors on a regular basis?  YES  NO

Were all interactions between the dog and children supervised?  YES  NO

If YES how did the dog behave? \_\_\_\_\_

Please describe the dog's behavior around children: (Circle all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Never been around  | <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Gentle        |
| <input type="checkbox"/> Nervous/Frightened | <input type="checkbox"/> Mouthy at times  | <input type="checkbox"/> Aggressive    |
| <input type="checkbox"/> Too Active         | <input type="checkbox"/> Loves Children   | <input type="checkbox"/> Protective    |
| <input type="checkbox"/> Indifferent        | <input type="checkbox"/> Excited          | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Avoids Children    | <input type="checkbox"/> Other _____      |  |

Does the dog allow children to touch/handle food dishes without getting upset?  YES  NO

Does the dog take treats offered by children gently?  YES  NO  Unknown

Have Children fed or watered the dog on a daily basis?  YES  NO  Unknown

Does the dog accept being brushed/petted by children?  YES  NO  Unknown

Will the dog accept "roughness" from children under 6 years old (Like having ears tugged, eyes touched, tail held/yanked, or fur pulled)?  YES  NO  Unknown

Has a child ever tripped over, stepped on, or fallen on the dog?  YES  NO  Unknown  
If YES how did the dog react? \_\_\_\_\_

Please describe the dog's most likely reaction to the following situations:

A Child running: \_\_\_\_\_

A Child falling down: \_\_\_\_\_

A Child jumping/hopping: \_\_\_\_\_

A Child throwing a ball/toy: \_\_\_\_\_

A Child yelling/screaming: \_\_\_\_\_

A Child making unexpected/sudden movements: \_\_\_\_\_

How does the dog react to a child approaching when he/she sleeps? \_\_\_\_\_

Is the dog possessive/guarded of where he/she sleeps?  YES  NO

Are there any additional comments you would like to make that would be helpful to families considering adoption the dog?

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Is there anything else you would like us to know about the dog?

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Can whoever adopts the dog contact you?

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

I hereby authorize the transfer of this information (as listed above) to who ever adopts the dog. The information on this form is to the best of my knowledge, accurate and complete.

Initials: \_\_\_\_\_  
Date: \_\_\_\_\_