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 _____

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

Shelter use only
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-		

Incoming Dog Profile

Dog and Household Information

1. Dog's name	2. Sex O Male	O Female	3. Age years	months
4. Breed	5. How long hav	e you had this	s dog? years	months
6. Is the dog spayed or neutered?				
O Yes O No				
7. Your relationship to dog?				
O Owner O Friend/caretaker O Foster owner	O Other			
8. Where did you get this dog from?				
O This shelter O Friend/relative O Newspaper	/web site O Fou	nd/stray OE	Breeder O Pet store	
O Other shelter/rescue (please write name)				
O 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?

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

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Typical Behavior

(Your dog's usual behavior)

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

	Never			Shows teeth/			
	encounter	Friendly	Afraid	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							

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

O Joggers	O Bicycles	O Skateboa	arders/roller blad	ers O Cars/motorcy	/cles
00.0					

O Outdoor cats	O Squirrels or other small animals	O Birds	O Doesn't chase
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O 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 unfamilar person approaches or enters the yard or house?

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

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

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

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

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

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

O Insi	de the house, runs free	O Inside the house, in cage	O Outside the house	, runs free in the neighborhood
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O Outside the house, runs free in the yard O Outside the house, in cage O Outside the house, tied

O Other (Please describe) ____

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19.	9. How long is your dog left alone, without people, during the week?					
	O Never O 1-3 hours O 4-8 hours O 9-12 hours O Over 12 hours					
20.	When your dog is left alone, is he/she					
	O Outdoors O Free in home O Confined to a room O In a cage O Other (Please describe)					
쌅 21.	When left alone, does your dog usually show any of the following behaviors? Please check all that apply.					
	O Destroy household items O Urinate/defecate O Bark O Cry O None of these					
22.	When you are home, does your dog usually show any of the following behaviors? Please check all that apply.					
	O Destroy household items O Urinate/defecate O Bark O Cry O None of these					
23.	When your dog plays, does he/she typically Please check all that apply.					
	O Jumps O Growls O Barks O Bites lightly O Bites hard O None of these					
24.	What toys does your dog like?					
	O Balls O Frisbee O Plush O Squeaky O Tug Toy O None O Other (<i>Please describe</i>)					
25.	What games does your dog like?					
	O Fetch O Tug O Chase O Wrestling O None O Other (Please describe)					
<mark>26.</mark>	Is your dog scared of anything?					
	O Yes (Please describe)					
	O No					
27.	Please tell us your dog's "bad habits" –					
28.	Is your dog allowed on furniture? O Yes O No					
29.	Where does your dog <i>usually</i> sleep overnight?					
	O Cage O Floor O Dog bed O Couch O Owner's bed O Other (Please describe)					
30.	What commands does your dog know?					
	O No commands known O Sit O Stay O Down O Come O Heel O Give paw O Other (Please describe)					
31.	Has your dog attended any obedience training classes? O Yes O No					
32.	Has your dog ever been walked on the leash? O Yes O No					
33.	Does your dog have problems riding in the car? O Yes (Please describe)					
	O No O Don't know					
🔆 34.	Has your dog escaped your property 2 or more times in the last 6 months?					
	O Yes (Please describe)					
	O No					

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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)?

O Yes O No O Don't know

😤 37. Has your dog ever attacked another dog resulting in severe injury or death to another dog?

O Yes O No O 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?

O Yes O No O 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 hampsters,

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? O Yes O 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?
- 2 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

where the second second states the table						
questions. If does not apply, skip the table.	M	en	Wor	omen Cl		dren
	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?						

ϔ 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? O Yes O 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.

		Show teeth/			
	Never done	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 48. Does your dog have any past or pr O Yes (<i>Please describe</i>)	esent medical co	onditions?			
O No					
49. Is your dog currently on any medic	ation or special o	diet?			
O Yes (Please describe)					
O No					
50. What type of food does your dog e	at? (Please check a	ll that apply)			
O Dry O Wet/canned O Table so	raps				
Please feel free to tell us any addition	al helpful comme	nts.			
	-				

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