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## Please write your organization name \& address

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## 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 $\qquad$ Dog's Name $\qquad$
$\qquad$
$\qquad$
Dog ID: $\qquad$
$\qquad$
$\qquad$

## Incoming Dog Profile

## Dog and Household Information

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1. Dog's name
2. S

O Male
O Female
3. Age years $\qquad$ months $\qquad$
4. Breed $\qquad$ 5. How long have you had this dog? years $\qquad$ months $\qquad$
6. Is the dog spayed or neutered?

O Yes
O No
7. Your relationship to dog?

O Owner ○ Friend/caretaker ○ Foster owner ○ Other $\qquad$
8. Where did you get this dog from?

O This shelter O Other shelter/rescue (please write name)
O Other (please describe) $\qquad$
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 <br> (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 $\bigcirc$ Dogs $\bigcirc$ Cats $\bigcirc$ Other (Please describe)

## 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.
O JoggersBicyclesSkateboarders/roller bladers O Cars/motorcycles
O Outdoor cats O Squirrels or other small animals O Birds O Doesn't chase 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/ <br> growls | Snaps | Bites | None of <br> 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 ○ Afraid ○ Barks ○ Shows teeth/growls ○ Snaps ○ 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) $\qquad$ O No/paper trained
17. Does your dog usually have "accidents" in the house?

O Yes (please specify how many times per day) $\qquad$ O No
18. Where does your dog spend most of his/her time?O Inside the house, runs free
O Inside the house, in cage O Outside the house, runs free in the neighborhood O Outside the house, runs free in the yard $\bigcirc$ Outside the house, in cage O Outside the house, tied O Other (Please describe)
19. How long is your dog left alone, without people, during the week?
O
Never ○ 1-3 hours
O 4-8 hours9-12 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) $\qquad$
21. When left alone, does your dog usually show any of the following behaviors? Please check all that apply.Destroy household items
O Urinate/defecate
O BarkNone 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 ○ Urinate/defecate ○ Bark ○ cry O None of these
23. When your dog plays, does he/she typically... Please check all that apply.

O Jump
O Growls
Ozarks
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 (Please describe) $\qquad$
25. What games does your dog like?

O Fetch O Tug O Chase O wrestling O None O Other (Please describe) $\qquad$
26. Is your dog scared of anything?

O Yes (Please describe)
O No
27. Please tell us your dog's "bad habits" - $\qquad$
28. Is your dog allowed on furniture? ○ Yes O No
29. Where does your dog usually sleep overnight?

O Cage O Floor O Dog bed O couch O owner's bed O Other (Please describe) $\qquad$
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? $\bigcirc$ Yes $\bigcirc$ No
32. Has your dog ever been walked on the leash? ○ Yes ○ 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) $\qquad$

O 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)?
O Yes
ON
O Don't know
37. Has your dog ever attacked another dog resulting in severe injury or death to another dog?
○
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
○
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 <br> 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.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
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.

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 O No
45. If "yes", please specify the veterinarian name and contact info:

Veterinarian Name _ Contact info $\qquad$
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/ <br> 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? 〇 Yes O No
48. Does your dog have any past or present medical conditions?

O Yes (Please describe) $\qquad$

O No
49. Is your dog currently on any medication or special diet?

O Yes (Please describe) $\qquad$

O No
50. What type of food does your dog eat? (Please check all that apply)

O DryWet/canned O Table scraps

Please feel free to tell us any additional helpful comments.
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