

MY DOG'S BARK



Changing lives ... four paws at a time!

PLEASE CHECK ALL THAT APPLY ON EACH QUESTION

BASIC INFORMATION

Today's Date: _____

Dog's Name: _____

Any Nicknames: _____

Dog's Current Age: _____

Dog's Age When You Got It: _____

Breed (Best guess if mixed): _____

Colors(s): _____

Is this dog: Male Female

Neutered Spayed

Why are you giving up your dog?

- Did not want it to begin with
- Behavior Issues
- On the recommendation of: _____
- Not getting along with my other pets (please list): _____
- Other: _____

How did you obtain this dog?

- Friend, neighbor, or family member
- Free from a newspaper ad
- Free at a local store
- Pet store
- Breeder
- Born at home
- Stray
- Gift
- Adopted from (shelter, rescue, etc.): _____

Why did you get this dog?

- Companion for: Myself Another family member Another pet
- Protection for: Home Business Another family member got the dog
- Unwanted gift Hunting dog Working dog Other: _____

What other animals was this dog raised with in the household?

List the animals

Was this dog raised with children? Yes No If yes, circle which ages: 0-6 7-9 10-12 13-16 17+
How many children? _____

HOUSING INFORMATION

When you are home, where is the dog?

Inside: # of Hours _____
Outside: # of Hours _____
 Free access inside and outside

When you are away, where is the dog?

Inside: # of Hours _____
Outside: # of Hours _____
 Free access inside and outside

When outside, how is this dog confined?

- No confinement; dog is allowed to run loose
- Fenced yard: Fence height: _____ Fence type: _____
- Fenced run: Fence height: _____ Fence type: _____
- Garage or other outside building Kennel Tethered by chain or cable
- Overhead zip line Ground zip line Invisible electronic fence
- Other: _____

If this dog is kept in a fenced yard or a run, how does it behave?

- Rests Plays Paces Chews Whines Howls Digs
 Barks: At what? _____ Tries to escape

If this dog does escape, even if only occasionally, please answer the following:

- The dog escapes by: Digging under the fence Jumps over the fence
 Opens the gate Other: _____

Where does it go? _____ Why does it go there? _____

How have you gotten it back? _____

When in a fenced yard or run, is this dog *friendly* with:

- Family members Visitors Strangers

When in a fenced yard or run, is this dog *unfriendly* with:

- Family members Visitors Strangers

When inside, is the dog confined? Yes No If yes, please explain: _____

Where does this dog sleep?

- Inside: Where? _____ On what? _____ With whom? _____
 Outside: Where? _____ On what? _____ With whom? _____

Was the dog's housing arrangement successful? Yes No If No, please explain: _____

When traveling in a vehicle my dog:

- Traveled in a car Traveled in a truck Was placed in a crate/kennel
 Was harnessed in Was left "loose" Can only travel short distances before becoming ill
 Can travel long distances so long as it is given medication for motion sickness before hand
 Loves to travel and is not effected by long distance travel

HOUSETRAINING INFORMATION

Is this dog housetrained? Yes No

When does this dog have accidents?

- This dog has frequent accidents, even when people are home
 This dog only has accidents when left alone over _____ (length of time)
 This dog only has occasional accidents
 This dog does not have accidents

Accidents are: Urination only Bowel movements only Both

Where does this dog go potty?

- Newspaper Pads or similar product Litter box Walks
 Yard: Through dog door Let out by person Other access: _____
 Other: _____

How do you know when this dog needs to go potty?

- Inputs for: Goes to the door, Barks, Paces, Scheduled walks, Lets him/herself out through dog door, Tells you by (explain):

Is this dog crate-trained? Yes No

When is the dog in its crate?

What is the maximum amount of time the dog stays in its crate?

What size crate? Small Medium Large Extra Large

Does this dog potty in the crate? Yes No Only when left over hours

Are these accidents: Urination only Bowel movements only Both

GROOMING

Has this dog been groomed or bathed in the home? Yes No

How did the dog behave for home bathing or grooming?

- Inputs for: Calm, enjoys the attention, Anxious, nips, Very stressed, Anxious, but allows the bathing/grooming, Must be muzzled to avoid biting, Anxious, growls, Must be sedated

Has this dog been professionally groomed? Yes No If yes, how often?

Groomer's name:

How does this dog behave at the groomer's?

- Inputs for: Calm, enjoys the attention, Anxious, nips, Very stressed, Anxious, but allows the bathing/grooming, Must be muzzled to avoid biting, Anxious, growls, Must be sedated

How does this dog behave when having its nails trimmed?

EXERCISE AND PLAY INFORMATION

Does this dog get exercise? Yes No If yes, how often?

Where does this dog get its exercise?

- Inputs for: Park, Walking, Yard, Supervised, Unsupervised, Other:

Does this dog get its exercise with:

- Inputs for: Adult(s), Other dog(s), Other: Supervised, Unsupervised, Child(ren): Supervised, Unsupervised

Please circle on the scale where the dog's play style falls:

Gentle Ben 1 2 3 4 5 Rough & Tumble

What kind(s) of toys does the dog like? _____

Describe activities you did with this dog:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Petting | <input type="checkbox"/> Brushing | <input type="checkbox"/> Bathing | <input type="checkbox"/> Playing fetch |
| <input type="checkbox"/> Playing chase | <input type="checkbox"/> Rough housing | <input type="checkbox"/> Running errands | <input type="checkbox"/> Playing tug-of-war |
| <input type="checkbox"/> Training classes | <input type="checkbox"/> Road trips | <input type="checkbox"/> Quiet companionship | <input type="checkbox"/> Training games |
| <input type="checkbox"/> Other: _____ | | | |

FEEDING INFORMATION

What type of food is the dog used to eating?

- Canned food only Brand: _____ Dry kibble only Brand: _____
- Dry kibble mixed with canned Brands: _____
- Special diet: _____

How often / how much does the dog eat?

- Once daily Amount: _____ Twice daily Amount: _____
- Free fed Amount: _____

Does this dog have any favorite treats? Yes No If yes, what: _____

TRAINING INFORMATION

Which behaviors is this dog familiar with?

- Sit Down Stay Come Heel Speak Fetch
- Roll Over Loose leash walking Other: _____

What leash walking behavior is this dog familiar with?

- Walks on a loose leash Walks on a tight leash Pulls on the leash
- Has no exposure to a leash Struggles and bites at the leash Other: _____

Has this dog had obedience training: Yes No If yes, how long ago? _____

Where and with whom was the training? _____

What training equipment has the dog been exposed to?

- Clicker Treats Head Halter (type and size: _____)
- Harness Choke Chain Prong/Pitch collar Electronic Collar

Was this equipment successful for you and your dog? Yes No

If you have disciplines this dog, what method(s) did you use?

- Verbal correction Physical correction Timeout Squirt bottle
- Penny can or other item shaken or thrown to distract the dog Ignore the behavior
- Other: _____

How does the dog respond to the above discipline? _____

BEHAVIORAL INFORMATION

To your knowledge, has this dog ever been declared vicious by any legal authority?

Yes No If yes, which State: _____ City: _____ County: _____

Note: You are required by law to disclose the above information to us and to notify the appropriate agency within 3 days of transferring the dog to us. You must provide the legal authority with our Name, Address and Phone Number.

To your knowledge, has this dog ever been quarantined for biting? Yes No

If yes, how many times? _____ When did this / these occur? _____

Circumstances: _____

Does your dog have a preference for:

Men Women Children Other Animals(s): _____

How would this dog react if the food bowl, bone or toy were taken away by:

Family Members			Strangers	
You	Other Adult	Child	Adult	Child
<input type="checkbox"/> Wags tail	<input type="checkbox"/> Wags tail	<input type="checkbox"/> Wags tail	<input type="checkbox"/> Wags tail	<input type="checkbox"/> Wags tail
<input type="checkbox"/> Looks up	<input type="checkbox"/> Looks up	<input type="checkbox"/> Looks up	<input type="checkbox"/> Looks up	<input type="checkbox"/> Looks up
<input type="checkbox"/> Eats faster	<input type="checkbox"/> Eats faster	<input type="checkbox"/> Eats faster	<input type="checkbox"/> Eats faster	<input type="checkbox"/> Eats faster
<input type="checkbox"/> Allows you to take the item	<input type="checkbox"/> Allows you to take the item	<input type="checkbox"/> Allows you to take the item	<input type="checkbox"/> Allows you to take the item	<input type="checkbox"/> Allows you to take the item
<input type="checkbox"/> Plays tug-of-war with the item	<input type="checkbox"/> Plays tug-of-war with the item	<input type="checkbox"/> Plays tug-of-war with the item	<input type="checkbox"/> Plays tug-of-war with the item	<input type="checkbox"/> Plays tug-of-war with the item
<input type="checkbox"/> Growls	<input type="checkbox"/> Growls	<input type="checkbox"/> Growls	<input type="checkbox"/> Growls	<input type="checkbox"/> Growls
<input type="checkbox"/> Snarls	<input type="checkbox"/> Snarls	<input type="checkbox"/> Snarls	<input type="checkbox"/> Snarls	<input type="checkbox"/> Snarls
<input type="checkbox"/> Bares Teeth	<input type="checkbox"/> Bares Teeth	<input type="checkbox"/> Bares Teeth	<input type="checkbox"/> Bares Teeth	<input type="checkbox"/> Bares Teeth
<input type="checkbox"/> Bites	<input type="checkbox"/> Bites	<input type="checkbox"/> Bites	<input type="checkbox"/> Bites	<input type="checkbox"/> Bites

What makes the dog worried, or causes it to behave in a different manner than usual?

- Children Strangers Going to the Vet Going in the car Other dogs
 Other animals Getting nails trimmed Baths Crowds
 Fireworks
 Other: _____

Does this dog have separation anxiety? Yes No

If yes, was the separation anxiety diagnosed by: You Veterinarian Trainer Other: _____

What have you done to end the separation anxiety? _____

Does the dog have any behaviors that new adopters should be aware of?

Please list what actions were taken, if any, to correct the behavior:

- Barking _____ Jumping on people _____
 Digging _____ Nipping _____
 Destructive _____ Too needy _____
 Separation anxiety _____
 Aggressive towards people _____
 Aggressive toward other dogs _____
 Aggression to other animals (please list) _____
 Other: _____

How would you characterize this dog overall? (Please check all that apply)

- Calm Friendly Excitable Cuddly Clingy Happy Shy
 Standoffish Dependant Independent Confident Submissive Outgoing Smart
 Fearful Nervous Stubborn Other: _____

How does this dog behave with:

Family		Visitors to the Home		General Public	
Adults	Children	Adults	Children	Adults	Children
<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm
<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly
<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited
<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful
<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive

PLEASE TAKE A FEW MOMENTS TO COMPLETE THE FOLLOWING:

Please list any *additional* information:

Please describe the ideal home you would like for this dog:

Does the dog have any medical history?

Who was the dog's veterinarian? _____

Would you like us to provide your name and phone number? _____

May we and/or the new owner(s) contact the vet to obtain health information?

Yes No **If yes, please sign here:** _____

May the new owner(s) of this dog contact you for further information? Yes No

Contact Information: _____