



MY DOG'S BARK

PLEASE CHECK ALL THAT APPLY ON EACH QUESTION.

This Information is essential in finding a new home for your dog.

We will share this form with potential new adopters.



BASIC INFORMATION

Dog's Name: _____

Today's Date: _____

Any Nicknames: _____

Dog's Age When You Got Them: _____

Dog's Current Age: _____

Breed(s) (or best guess): _____

Colors(s): _____

Is this dog: Male Female Neutered Spayed Zeutered Unknown

Why are you giving up your dog? Not getting along with other pets (list): _____

Did not want the cat to begin with On the recommendation of: _____

Behavior Issues: _____

Other: _____

How did you obtain this dog? Friend, neighbor, or family member Free from an ad 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 Family member got the cat

Unwanted gift Hunting dog Working dog Other: _____

Was this dog raised with kids? No Yes, ages: 0-2 3-5 6-9 10-12 13-15 16+

How many children? _____

Was this dog exposed to your dog(s): No dogs in house No Yes, size/sex of your dog(s): _____

How did they interact? (select all that apply)

Very affectionate Playful and energetic Peacefully coexisted Slept near one another

Ignored each other Fought w/out injuries Fought w/injuries Caused this dog stress

Was picked on by dog Picked on other dog Growled/Bared Teeth Played too rough

Other: _____

Was this dog exposed to your cat(s) : No cats in home No Yes, # of cats: _____

How did they interact? (select all that apply)

Played together Peacefully coexisted Avoided each other Dog feared cat

Cat tormented dog Dog tormented cat Dog chased cat Dog growled/bared teeth

Fought w/out injuries Fought w/injuries Other: _____

Was this dog exposed to other species? No Yes, what species: _____

What was this dog's reaction: Friendly Playful Tolerant Afraid

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?

None- dog is allowed to run loose Overhead zip line Ground zip line Tethered by chain/cable

Fenced yard: Fence height: _____ Fence type(s): _____

Kennel: Kennel dimensions: _____ Kennel material(s): _____

Garage or outside building Invisible electronic fence Other: _____

If this dog spends time in a fenced yard or a run, how do they behave? Rests Plays Paces Chews
 Whines Howls Digs Tries to escape Barks, at what: _____

If this dog does escape, even if only occasionally, please answer the following: The dog escapes by:
 Digs under the fence Jumps over the fence Opens the gate Other: _____
Where does the dog go? _____ Why does it go there? _____
How have you gotten the dog 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: No Yes- Crate Yes- Room/Area: _____

Is this dog crate-trained? No Yes, when is the dog in a crate? _____

Maximum length of time this dog is in a crate? _____ Crate size: Small Medium Large Extra Large

Is this dog allowed on furniture: No Yes, which: _____

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, explain: _____

When traveling in a vehicle this dog: Traveled in a car Traveled in a truck Was placed in a crate/kennel
 Was harnessed in Was left "loose" Is terrified Can only travel short distances before becoming ill
 Always gets ill in the car Can travel long distances if given medication for motion sickness Doesn't get ill

HOUSETRAINING INFORMATION

Is this dog housetrained? Yes No A work in progress

When does this dog have accidents: Does not have accidents Only has occasional accidents
 Has accidents when left alone over _____ hours Has frequent accidents, even when people are home

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? Goes to the door Barks Paces Uses dog door
 On a set schedule, when: _____ Tells you by: _____

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

Accidents: Urination only Bowel movements only Both

HANDLING AND GROOMING

Does this dog like to be picked up: Don't know No Yes, do you give a verbal cue: _____

What areas of your dog's body do they **NOT** like being touched/handled? _____

How does your dog behave during visits to the vet? _____

How much does this dog shed? A lot Moderate Some Very little

Are you able to clip the nails? Never tried No Yes- by myself Yes- with a helper
How does this dog behave when having their nails trimmed? _____

Has this dog been groomed or bathed in the home? Groomed Only Bathed Only Both Neither

How did the dog behave for home bathing or grooming? Calm, enjoys the attention Anxious- but allows
 Anxious- growls Anxious- nips Very stressed Must be muzzled to avoid biting Must be sedated

Has this dog been professionally groomed? No Yes how often: _____
Groomer's name: _____

How does this dog behave at the groomer's? Calm, enjoys the attention Anxious- but allows
 Anxious- growls Anxious- nips Very stressed Must be muzzled to avoid biting Must be sedated

EXERCISE AND PLAY INFORMATION

Does this dog get exercise? No Yes how often: _____

Where does this dog get exercise? Park Walking Yard: Supervised Unsupervised
 Other: _____ Supervised Unsupervised

Does this dog get exercise with: Adults: Supervised Unsupervised Kids: Supervised Unsupervised
 Dogs: Supervised Unsupervised Other: _____ Supervised Unsupervised

Where the dog's play style fall: (Gentle Ben) 0 1 2 3 4 5 (Rough & Tumble)

What toys does this dog like? _____

What activities did you do with this dog that the dog enjoyed:

- Petting Brushing Playing fetch Playing tug Playing chase
 Rough housing Running errands Training games Training classes Road trips
 Quiet companionship Other: _____

FEEDING INFORMATION

What type of food does this dog eat?

- Canned dog food Brands: _____
 Dry dog food Brands: _____
 Dry mixed with canned Brands: _____
 Special diet: _____

How often / how much does this dog eat?

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

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

Would you describe this dog as a "picky eater"? No Yes, explain: _____

BEHAVIORAL INFORMATION

Which behaviors is this dog familiar with: Sit Down Stay Wait Come Speak Shake Fetch
 Roll over Other: _____

What leash walking behavior is this dog familiar with? Heel Walks on a loose leash Walks on a tight leash
 Pulls on leash Struggles and bites leash No exposure to a leash Other: _____

How hard does the dog pull on a leash: (None) 0 1 2 3 4 5 6 7 (Drags you)

Has this dog attended a training class: No Yes- general training Yes- specific topic(s): _____
 How long ago? Where and with whom was the training: _____

What training equipment has the dog been exposed to? Clicker Treats Head Halter: brand: _____
 Harness Choke Chain Prong/Pitch collar Electronic Collar Other: _____

Was this equipment successful for you and your dog? Yes No, why not: _____

If you have disciplined this dog, what method(s) did you use? Verbal correction Physical correction Timeout
 Squirt bottle Redirect to a preferred behavior Penny can or other item shaken or thrown to distract the dog
 Ignore the behavior Shock Collar Other: _____

How does the dog respond to the above discipline? _____

BEHAVIORAL INFORMATION

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

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

Note: You are required by law to disclose the above information to us and to notify the appropriate agency that you surrendered the dog to us.

To your knowledge, has this dog ever been quarantined for biting?

No Yes, how many times: _____

When did this / these occur: _____ Circumstances: _____

How does your dog react when you or another family member: (check all that apply)	No Reaction	Never Tried	Allows	Lunges	Shows Teeth	Growls	Snaps	Bites	Other (please specify)
Touch food bowl while eating	<input type="checkbox"/>	_____							
Touch bone, rawhide, toy while chewing	<input type="checkbox"/>	_____							
Touch a stolen food item	<input type="checkbox"/>	_____							
Touch a toy in his mouth	<input type="checkbox"/>	_____							
Touch/move him while sleeping	<input type="checkbox"/>	_____							
Push/pull him off of furniture	<input type="checkbox"/>	_____							
Approach him while next to another family member	<input type="checkbox"/>	_____							

What makes the dog worried, or causes them to behave in a different manner than usual: Kids Strangers
 Going to the Vet Going in the car Other dogs Other animals Getting nails trimmed Baths
 Crowds Fireworks Thunder Loud noises Quick movements
 Other: _____

How does this dog react when afraid (hides/growls/etc.): _____

Does this dog have separation anxiety? No Yes, diagnosed by: You Veterinarian Trainer Other

What are the behaviors? _____

What have you done to end the separation anxiety? _____

Does the dog have any behaviors that adopters should be aware of?	What actions, if any, were taken to correct the behavior?
<input type="checkbox"/> Barking	
<input type="checkbox"/> Jumping on people	
<input type="checkbox"/> Digging	
<input type="checkbox"/> Nipping	
<input type="checkbox"/> Destructive	
<input type="checkbox"/> Too needy	
<input type="checkbox"/> Counter surf	
<input type="checkbox"/> Chews	
<input type="checkbox"/> Door dash	
<input type="checkbox"/> Aggressive to people	
<input type="checkbox"/> Aggressive to other dogs	
<input type="checkbox"/> Aggressive to other animals	
<input type="checkbox"/> Other: _____	

How does this dog behave with:

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

Does your dog have a preference for: Men Women Kids Other Animals(s): _____

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

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

Please list any *additional* information on daily routines for feeding, playing, etc.: _____

What do you enjoy most about this dog: _____

Describe the ideal home you would like for this dog: _____

What would be the wrong home for this dog: _____

Please add any additional information that you feel would be helpful for us or a new owner to know about this dog: _____

What is this dog's medical history? _____

Who was the dog's veterinarian? _____ Phone: _____

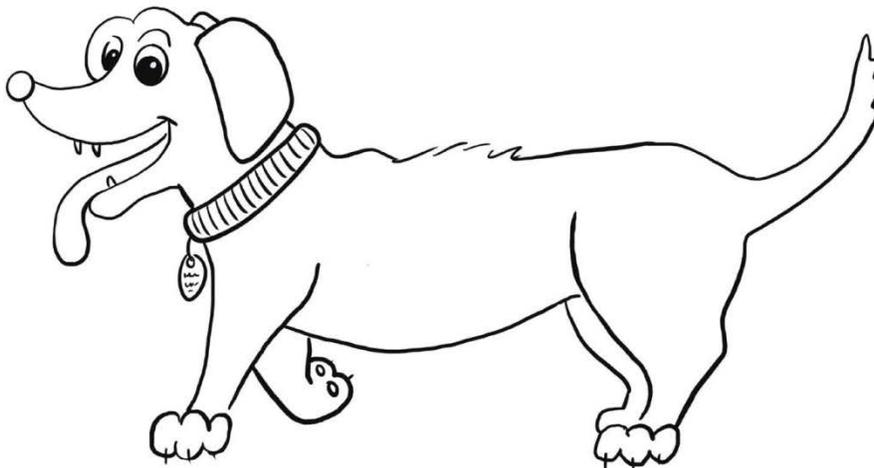
Please sign here so we can access this dog's vet records: _____

May the new owner contact you for further information? No Yes: _____

Optional:

MY PETTING PREFERENCE CHART

PET NAME _____



YES HMM...OK MAYBE EH... NO!
