



# 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): \_\_\_\_\_

Color(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 dog 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 dog  
 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Touch bone, rawhide, toy while chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Touch a stolen food item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Touch a toy in his mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Touch/move him while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Push/pull him off of furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approach him while next to another family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/> 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

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: \_\_\_\_\_

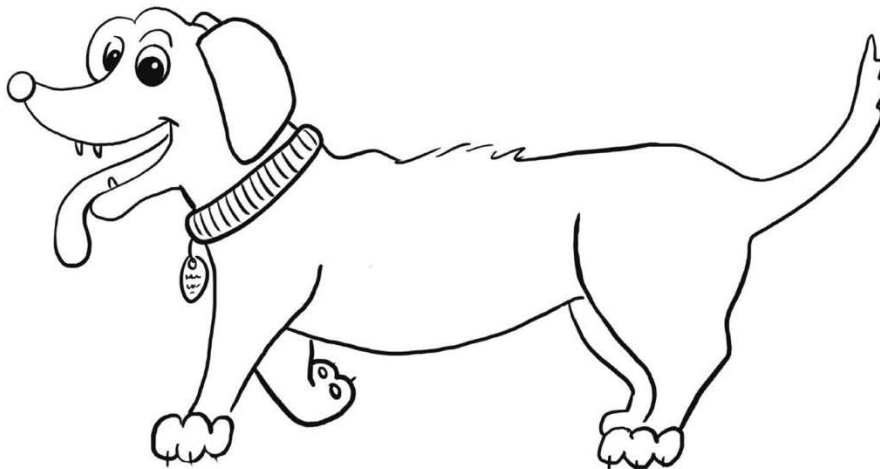
Please sign here so we can access this dog's vet records: \_\_\_\_\_

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

**Optional:**

# MY PETTING PREFERENCE CHART

PET NAME \_\_\_\_\_



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

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