

DOG OWNER'S QUESTIONNAIRE



Please fill out this form as completely as possible! No one knows and loves your dog the way you do. To help us find the best new home for your dog, please provide as much detail as possible about the likes, dislikes, quirks, history, and vet care of your canine friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does! Our mission is to Save and Enhance Lives!

Reservations are Required! After we receive and review your completed Dog Owner's Questionnaire, we will contact you within 24-hours to schedule your intake appointment. Please plan ahead, same-day appointments are not always available. Your appointment is not a drop-off time! Know that appointments last approximately 45-minutes. Don't forget to bring your pet's veterinary history and proof of vaccination to your appointment along with your pet's favorite toy(s) or bedding to help your dog feel comfortable at our Community Center.

Return this form via fax to: 408/262-2131

Return this form via e-mail to: customer_care@hssv.org

YOUR CONTACT INFORMATION

Your Name: _____ Day phone: _____
E-mail: _____ Evening phone: _____
Address: _____ City: _____

DESCRIPTION OF YOUR DOG and BASIC HISTORY

Dog's Name: _____ Age: _____ Sex: Male Female Altered: Yes No

Breed: _____ Does your dog have a microchip? Yes No Chip #: _____

Why do you need to give up your dog? _____

If we could help you resolve the issue, would you consider keeping your dog? Yes No Maybe

Have you tried to find a home for your dog on your own? Yes No

Have you contacted any rescue groups for help in re-homing your dog? Yes No

Has your dog bitten or snapped at anyone in the **last 10 days**? Yes No If yes, did it break skin? Yes No

If yes, what were the circumstances: _____

Does your dog have a tendency to bite or snap bite? Yes No If yes, does it break skin? Yes No

If yes, under what circumstances: _____

How long have you owned your dog? _____

If this is not your dog, who owns this dog? _____

Including yours, how many homes has this dog had? _____

Where did you get your dog from?

Breeder Friend or Relative HSSV (*when did you adopt?*): _____

Pet Store Advertisement Another Shelter / Rescue: _____

Born at home Found stray Other: _____

FAMILY ENVIRONMENT

Please describe the human family members that your dog has **lived** with (*check all that apply*):

- Adult Men Adult Women Senior Citizens Children (*what ages*): _____

Did your home have children as visitors on a regular basis? Yes No

If yes, what were the ages of the children: _____

Describe your dog's behavior around children (*check all that apply*):

- Gentle Friendly/playful Nervous / frightened Unpredictable
 Ignores or indifferent Roughhouses Too rough for children Snappy at times
 Watches over children Too active Actively avoids children Never been around children
 Other (*please explain*): _____

Would you recommend placing this dog in a home with children? Yes No

If no, please explain: _____

Please check all the animals that your dog has **lived** with (*check all that apply*):

- Male dogs Cats Birds Small Animals (*what kind*): _____
 Female dogs Rabbits Reptiles Farm Animals (*what kind*): _____
 Other: _____

Describe your dog's behavior around other dogs (*check all that apply*):

- Never been around other dogs Frightened Friendly/playful Aggressive with all dogs
 Ignores or indifferent Bossy Adores other dogs Aggressive with same sex dogs
 Good with some dogs Roughhouses Gentle / submissive Aggressive when on leash
 Other (*please explain*): _____

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe your dog's behavior around cats (*check all that apply*):

- Never been around cats Respectful Friendly/playful Chases to harm
 Ignores or indifferent Frightened Gentle / submissive Chases to catch
 Aggressive Roughhouses Chases for fun Has killed a cat
 Other (*please explain*): _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

HOME ENVIRONMENT & MANNERS

Where was your dog kept when no human members of your family were at home (*check all that apply*):

- Free run of home Crated Confined to one room in home
 In garage In fenced yard Tied outside on chain or runner
 Other (*please explain*): _____

Where does your dog sleep at night (*check all that apply*):

- Loose in the home Confined to one room On couch or chair
 In crate In adult's room In child's room
 In garage On the person's bed On the dog's bed
 Outside in kennel enclosure Outside (not in a kennel enclosure)
 Other (*please explain*): _____

How many hours of a **typical** day is your dog kept outside (*check one*):

- None, lives only indoors Less than 1 hour 1-5 hours
 5-10 hours Only inside at night Lived outdoors, never been inside
 Other (*please explain*): _____

How is your dog confined to your property when outside (*check all that apply*):

- Fenced yard Kennel or enclosure Tied out on rope, chain, or runner
 Dog house Electronic Pet Containment Never left alone outside
 Other (*please explain*): _____

Does this dog jump fences? Yes No How tall is your fence? _____ *feet*

Has your dog ever escaped its confinement? Yes No

If yes, where did your dog go? _____

When your dog was outside, was s/he ever teased or bothered by people or other animals? Yes No

If yes, please explain: _____

If your dog was kept tied on a rope, chain or runner, did s/he ever do any of the following (*check all that apply*):

- Escape the rope, chain or runner Pace Annoy the neighbors
 Get tangled in rope or chain Dig Become protective of his/her space
 Seemed calm Bark, whine, howl or cry Was never tied or chained

Is your dog housetrained?

- Yes, never eliminates inside the home Yes, but occasionally urinates inside Yes, but occasionally defecates inside
 No, regularly eliminates inside Used to be housetrained, not now Dog was never inside the home

If your dog does have housetraining accidents, they most often happen when (*check all that apply*):

- When dog is not closely supervised When dog is not kept on a schedule When dog is kept inside too long
 When dog is overexcited When dog greets people Only urinates submissively
 When dog is sleeping Other: _____

How have you dealt with housetraining problems (*check all that apply*):

- Rubbed nose in it Confined dog inside Made dog feel guilty/acted "mad" at dog
 Yelled at the dog Kept dog outside Consulted vet or trainer
 Spanked/Swatted dog Other: _____

Is your dog crate trained?

- Yes No Tried, but dog didn't like crate Tried, but dog escaped crate

If yes, how long does your dog spend in the crate each day? _____

Can your dog be left alone in the home for 8 hours a day without issues? Yes No Never tried

If no, why not? _____

Is your dog destructive when left alone (*If yes, check all that apply*):

- Chews woodwork/walls Chews furniture Yes No
 Chews on windows/doors Chews clothing/shoes Chews/eats other inappropriate objects
 Digs or destroys yard Other (*please explain*): _____
 Is not left alone inside the home

When left alone at home, does your dog annoy the neighbors? Yes No

Is your dog allowed to sit and/or sleep on human furniture? Yes No

Does your dog raid the trash or get into other similar mischief? Yes No

Does your dog "steal" unattended food and/or objects from tables/counters? Yes No

If yes, how have you dealt with this problem? _____

Does your dog beg at the table or in the kitchen? Yes No If yes, is this rewarded with food? Yes No

OBEDIENCE, EXERCISE, PLAY and BEHAVIOR

What kind of training does your dog have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Training | <input type="checkbox"/> Puppy classes | <input type="checkbox"/> Obedience classes |
| <input type="checkbox"/> Board and Train | <input type="checkbox"/> Advanced Training (agility, flyball, etc.) | <input type="checkbox"/> No Training |
- Where & when: _____

How often do you work with your dog on manners/training?

- Daily Weekly Not since obedience class(es) Rarely Never

Please tell us about the **desirable** tricks and habits you have taught your dog to do (*check all that apply*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic obedience commands | <input type="checkbox"/> Come when called | <input type="checkbox"/> Play fetch |
| <input type="checkbox"/> Walk on a loose leash | <input type="checkbox"/> Greet visitors politely | <input type="checkbox"/> Wait for food |
| <input type="checkbox"/> Shake or similar cute trick | <input type="checkbox"/> Take treats gently | <input type="checkbox"/> Get on & off furniture when asked |
| <input type="checkbox"/> Ride nicely in car | <input type="checkbox"/> Other: _____ | |

What words does your dog understand?

- | | | | | | |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Down | <input type="checkbox"/> Heel | <input type="checkbox"/> Come | <input type="checkbox"/> Drop |
| <input type="checkbox"/> Leave it | <input type="checkbox"/> Take it | <input type="checkbox"/> Drop | <input type="checkbox"/> Wait | <input type="checkbox"/> Off | <input type="checkbox"/> Doesn't know commands |
- Other: _____

Can your dog be allowed off-leash and **come when called**? Yes No

Does your dog jump up on people when greeting them? Yes No

What type of exercise does your dog get on a regular basis (*check all that apply*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Accompanies owner running / jogging | <input type="checkbox"/> Walking on leash | <input type="checkbox"/> Fetch |
| <input type="checkbox"/> Accompanies owner walking / hiking | <input type="checkbox"/> Dog park | <input type="checkbox"/> Not enough exercise for my dog's needs |
| <input type="checkbox"/> Plays with adults | <input type="checkbox"/> Plays with kids | <input type="checkbox"/> No exercise at all |
| <input type="checkbox"/> Plays with other dogs | <input type="checkbox"/> Doggie daycare | <input type="checkbox"/> Other: _____ |

What are your dog's favorite kinds of toys (*check all that apply*)?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Tennis balls / rubber balls | <input type="checkbox"/> Rope toys | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Plush / stuffed toys | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Sticks |
| <input type="checkbox"/> Squeaky toys | <input type="checkbox"/> Children's toys | <input type="checkbox"/> Other: _____ |

Describe your dog's play style with **people** (*check all that apply*)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Plays gently | <input type="checkbox"/> Enjoys tug of war | <input type="checkbox"/> Enjoys wrestling |
| <input type="checkbox"/> Prefers to fetch | <input type="checkbox"/> Plays rough, but stops when told | <input type="checkbox"/> Plays rough, doesn't stop when told |
| <input type="checkbox"/> Prefers to chase | <input type="checkbox"/> Tends to herd and/or nip | <input type="checkbox"/> Jumps and uses mouth in play |
| <input type="checkbox"/> Plays respectfully | <input type="checkbox"/> Plays very physically | <input type="checkbox"/> No interest in playing with people |
- Other: _____

Describe your dog's play style with **other dogs** (*check all that apply*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Plays chase with little body contact | <input type="checkbox"/> Herds or nips others during play | <input type="checkbox"/> Plays hard with lots of body contact |
| <input type="checkbox"/> Adapts to other dogs play style | <input type="checkbox"/> Shares toys and plays quietly | <input type="checkbox"/> Will not share toys |
| <input type="checkbox"/> Hangs out/gentle play with other dogs | <input type="checkbox"/> Barks constantly | <input type="checkbox"/> Has to be in charge during play |
| <input type="checkbox"/> Will play with all dogs | <input type="checkbox"/> Does not enjoy play with dogs | <input type="checkbox"/> Has never played with other dogs |
- Other: _____

How does your dog react to being handled or corrected by the collar (*check all that apply*)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Acts calm and accepting | <input type="checkbox"/> Offers strong resistance | <input type="checkbox"/> Growls or barks |
| <input type="checkbox"/> Cowers or acts frightened | <input type="checkbox"/> Yelps or cries | <input type="checkbox"/> Snaps, mouths, or bites |
| <input type="checkbox"/> Lies down | <input type="checkbox"/> Never tried | <input type="checkbox"/> Other: _____ |

Please describe your dog's behavior in the car (*check all that apply*):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nervous | <input type="checkbox"/> Gets car sick |
| <input type="checkbox"/> Protective of car | <input type="checkbox"/> Destructive | <input type="checkbox"/> Never rides in car |

Is your dog protective or possessive of any of the following (*check all that apply*)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Of food (toward people) | <input type="checkbox"/> Of toys (toward people) | <input type="checkbox"/> Of his/her body |
| <input type="checkbox"/> Of food (only with other animals) | <input type="checkbox"/> Of toys (only with other animals) | <input type="checkbox"/> Of property; good guard dog |
| <input type="checkbox"/> Of owner/family | <input type="checkbox"/> Of bed, crate, or space | <input type="checkbox"/> Dog is not protective/possessive |
- Other: _____

Please select all of the following that frighten your dog (*check all that apply*)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Babies or Toddlers |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> School-aged children | <input type="checkbox"/> Unpredictable Children |
| <input type="checkbox"/> Strangers / visitors | <input type="checkbox"/> People in uniform | <input type="checkbox"/> Veterinarian or groomer |
| <input type="checkbox"/> Erratic or sudden movement | <input type="checkbox"/> Loud voices / yelling | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Thunder / lightening | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Cars |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Broom | <input type="checkbox"/> Bicycles / skateboards |
- Other (*please explain*): _____

Please identify if your dog has ever done any of the following (*check all that apply*)?

- | | | | | |
|--------------------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Adult family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Children family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her sleeping area | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his / her food or treats | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People in uniform | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Wildlife | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Friends or neighbors pets | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |

What does your dog do when it sees wild animals like squirrels, raccoons, opossums (*check all that apply*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Tries to play with | <input type="checkbox"/> Stalks |
| <input type="checkbox"/> Barks or Growls | <input type="checkbox"/> Watches intently and/or silently | <input type="checkbox"/> Kills |
| <input type="checkbox"/> Is afraid of | <input type="checkbox"/> Chases | <input type="checkbox"/> Never seen a wild animal |
- Other (*please explain*): _____

Does your dog ever run after cars, bikes, skateboarders, or pedestrians? Yes No

If yes, please explain: _____

DIET, HEALTH and GROOMING

What brand of food does your dog eat? _____

How often does your dog eat? Once a day Twice a day Always available Other: _____

Does your dog eat: Wet food only Dry food only Combination

Does your dog receive "treats" on a regular basis? Yes No

Is your dog fed scraps from the table or "people food?" Yes No

Does your dog have allergies or sensitivities to any grains or common food ingredients? Yes No

If yes, what happens to your dog? _____

How does your dog react to seeing the veterinarian (*check all that apply*):

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Loves it | <input type="checkbox"/> Tolerates it | <input type="checkbox"/> Hates it |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Needs to be muzzled for the vet | <input type="checkbox"/> Has never seen the vet |

Name and location of your dog's veterinarian: _____

Please indicate which vaccinations your dog has had and the date of the most recent vaccination:

- | | | |
|--|--|--|
| <input type="checkbox"/> DHLPP: _____ | <input type="checkbox"/> Rabies: _____ | <input type="checkbox"/> Corona: _____ |
| <input type="checkbox"/> Bordatella: _____ | <input type="checkbox"/> Lyme: _____ | <input type="checkbox"/> Never been vaccinated |

Has your dog ever been hit by a car or required surgery? Yes No

If yes, please explain: _____

Has your dog ever been diagnosed or treated for any of the following by a veterinarian (*check all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Heartworm disease | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Allergies | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Arthritis or hip dysplasia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Chronic ear/eye infections | <input type="checkbox"/> Tumors | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Broken bone(s) | <input type="checkbox"/> Mange or other skin problems | <input type="checkbox"/> None, my dog has always been healthy |
| <input type="checkbox"/> Other illness / condition: _____ | | |

Does your dog require any medication on a regular basis? _____

Has your dog ever been professionally groomed or bathed? Yes No

If yes, how did your dog behave? _____

Does your dog allow you to bath him/her? Yes No Never tried

Does your dog allow you to brush him/her? Yes No Never tried

Does your dog allow you to clip his/her nails? Yes No Never tried

Are there any places on your dog's body that s/he does not like being touched, brushed or petted? Yes No

If yes, please explain? _____

Has your dog ever been kenneled/boarded at a:

- Private Boarding Kennel Veterinarian Animal Shelter Never been boarded

If yes, how did your dog react to being kenneled / boarded? _____

OTHER

What makes your dog the happiest? _____

What upsets your dog the most? _____

What else should we know about your dog so we may find it the *best* home? _____

OFFICE USE ONLY

	Date	Time	Initials	Message Left?
Questionnaire Received				
Call Back 1				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact
Call Back 2				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact

Appointment Date: _____ Appointment Time: _____ CCare Behav SNds Med

A# _____ P# _____ Questionnaire Review by: _____