

A# \_\_\_\_\_ P# \_\_\_\_\_



## PUP PROGRAM QUESTIONNAIRE – PUPPIES

**Please fill out this form as completely as possible!** No one knows and loves your puppies the way you do. To help us find the best new home for this litter, please provide as much detail as possible about the history, handling, and vet care of the puppies.

**Return this form via email or fax to:** intake@hssv.org / (408)262-2131

### YOUR CONTACT INFORMATION

Your Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zipcode: \_\_\_\_\_

### DESCRIPTION & HISTORY OF PUPPIES

Date of Birth: \_\_\_\_\_ Number in Litter: \_\_\_\_\_ Number Surrendering: \_\_\_\_\_

Breed of Mother: \_\_\_\_\_ Breed of Father (*if known*): \_\_\_\_\_

Do the puppies have a tendency to bite or snap?  Yes  No If yes, does it break skin?  Yes  No  
If yes, under what circumstances? \_\_\_\_\_

Where have the puppies been housed?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Free run of the home                   | <input type="checkbox"/> Crated         | <input type="checkbox"/> Confined to one room in the home |
| <input type="checkbox"/> In garage                              | <input type="checkbox"/> In fenced yard | <input type="checkbox"/> In outdoor dog run               |
| <input type="checkbox"/> Other ( <i>please explain</i> ): _____ |   |   |

### PARENT HISTORY

Do you own the mother of these puppies?  Yes  No If no, who owns the dog? \_\_\_\_\_

How long have you owned the mother? \_\_\_\_\_ The father? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Age: \_\_\_\_\_ Mother's Weight: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Age: \_\_\_\_\_ Father's Weight: \_\_\_\_\_

Have the parents ever had any health problems?  Yes  No  I don't know  
Please explain: \_\_\_\_\_

Are the parents current on vaccinations?  Yes  No  
If no, have they ever been vaccinated?  Yes  No When? \_\_\_\_\_

### HANDLING & SOCIALIZATION

Please check all of the following the puppies have interacted with (*check all that apply*):

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Adult Men    | <input type="checkbox"/> Adult Women   | <input type="checkbox"/> Seniors      |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Children 6-11 | <input type="checkbox"/> Children 12+ |
| <input type="checkbox"/> Other: _____ |  |                                       |

How often are the puppies handled by people?

- |  |                                |                                 |                                       |
|--|--------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Almost always | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Almost never |
| Please explain: _____                  |                                |                                 |                                       |

Describe the puppies' behavior around children (*check all that apply*):

- Gentle
- Friendly/playful
- Nervous/frightened
- Unpredictable
- Ignores
- Watches over
- Roughhouses
- Too rough/active
- Snappy
- Actively avoids
- Never been around children
- Other (*please explain*): \_\_\_\_\_

Would you recommend placing these puppies in a home with children?  Yes  No  
If no, please explain: \_\_\_\_\_

Please check all of the following the puppies have **lived** with (*check all that apply*):

- Male dogs
- Cats
- Birds
- Small animals (*what kind*): \_\_\_\_\_
- Female dogs
- Rabbits
- Reptiles
- Farm animals (*what kind*): \_\_\_\_\_
- Other: \_\_\_\_\_

## **HOUSTRAINING INFORMATION**

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Have the puppies had any houstraining?  Yes  No

Where do the puppies go potty (*check all that apply*):

- Newspaper
- Potty pads
- In the yard
- Out on walks
- Wherever they want
- In the garage
- Other (*please explain*): \_\_\_\_\_

Are the puppies crate trained?  Yes  No

If yes, when are they in the crate? \_\_\_\_\_

How long are they crated per day? \_\_\_\_\_

Do they go potty in the crate?  Yes  No  Only when left for \_\_\_\_\_ hours

## **FEEDING HISTORY**

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How were the puppies fed when first born?

- Nursed by mother since birth
- Bottle fed only, mother present
- Nursed & bottle fed
- Bottle fed only, mother not present
- Other: \_\_\_\_\_

What is their current diet?

- Puppy milk replacer Brand: \_\_\_\_\_
- Canned puppy food Brand: \_\_\_\_\_
- Dry puppy food Brand: \_\_\_\_\_
- Other: \_\_\_\_\_

How often are the puppies fed?

- Once daily
- Twice daily
- Three times daily
- Free fed
- Other: \_\_\_\_\_

## **BEHAVIOR INFORMATION**

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Please mark any behaviors the puppies have shown (*check all that apply*):

- Chewing
- Jumping
- Nipping
- Digging
- Excessive barking
- Aggressive to dogs
- Aggressive to people
- Protective of food (towards:  each other  people  other dogs)
- Protective of toys (towards:  each other  people  other dogs)

Please explain: \_\_\_\_\_

\_\_\_\_\_

If you have disciplined the puppies, what methods did you use (*check all that apply*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Verbal corrections  | <input type="checkbox"/> Timeout       | <input type="checkbox"/> Ignored the behavior     |
| <input type="checkbox"/> Physical punishment | <input type="checkbox"/> Squirt bottle | <input type="checkbox"/> Startled with loud noise |
| <input type="checkbox"/> Other: _____        |  |   |

What words do the puppies understand (*check all that apply*)?

- |                                       |                                  |                               |                               |                               |  |
|---------------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| <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"/> Don't know commands |
| <input type="checkbox"/> Other: _____ |                                  |                               |                               |                               |  |

What are the puppies' 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"/> Never been given toys |
| <input type="checkbox"/> Other: _____              |  |  |