

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?

- Free run of the home Crated Confined to one room in the home
 In garage In fenced yard In outdoor dog run
 Other (*please explain*): _____

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*):

- Adult Men Adult Women Seniors
 Children 0-5 Children 6-11 Children 12+
 Other: _____

How often are the puppies handled by people?

- Almost always Daily Weekly 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

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

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

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: _____ | | |