



## Dog Intake Behavior Form

Please fill out this form completely to aid us in finding a new home for your pet.

Dog Name: \_\_\_\_\_

How old are they? \_\_\_\_\_ Is your dog spayed/neutered? Yes No

How long have you had this pet? \_\_\_\_\_

Has your dog ever been to the vet? Yes No

If so, who is your dog's vet? \_\_\_\_\_

How does your dog act at the vet? \_\_\_\_\_

What vaccines does your dog have? Rabies Distemper (DHPP) Bordetella Canine Flu NONE

When were they given? \_\_\_\_\_

What brand of heartworm and flea preventative is your dog on? \_\_\_\_\_

What is your dog's medical history? \_\_\_\_\_

Where did you get your pet? Friend Family Pet Alliance Other Shelter Other \_\_\_\_\_

Does your dog primarily live? Inside Outside Both

Where does your dog stay when you are not at home (i.e. in a crate, free in home, gated in kitchen, etc.)? \_\_\_\_\_

How does your dog act when you are not at home? \_\_\_\_\_

**PLEASE CONTINUE TO NEXT PAGE**

Is your dog allowed on your furniture?    Yes        No

Is your dog house-trained?    Yes    No    Partially    If partially, please explain: \_\_\_\_\_

Is your dog crate trained?    Yes    No

What type of food does your dog eat? Dry    Canned    Both

What brand(s) of food does your dog eat? \_\_\_\_\_

Does your dog dig?    Yes    No

Does your dog jump fences?    Yes    No        If yes, what height is the fence? \_\_\_\_\_

Does your dog bark?    Yes    No        When? \_\_\_\_\_

Is your dog leash trained?    Yes    No        Does your dog come when called?    Yes    No

Does your dog allow you to groom or bathe him/her? Yes    No

How does your dog act in the car? \_\_\_\_\_

What tricks or commands does your dog know? \_\_\_\_\_

What activities does your dog enjoy? \_\_\_\_\_

How would you describe your dog's activity level? \_\_\_\_\_

How does your dog behave around:    Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_  
Strangers \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_

Does your dog act aggressively?    Yes    No    What causes it? \_\_\_\_\_

Has your dog every bitten anyone?    Yes    No    Did it draw blood?    Yes    No

Are there any parts of your dog's body they do not like being touched?    Yes    No

What are they? \_\_\_\_\_

Is there any other information you would like us or the adopter to know? \_\_\_\_\_

\_\_\_\_\_