



PET ALLIANCE
of Greater Orlando

Dog Intake Behavior Form

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

Dog Name: _____

How long have you had this pet? _____

Is your dog spayed/neutered? Yes No

Who is your dog's vet? _____

How does your dog act at the vet? _____

What vaccines does your dog have? Rabies Distemper Bordatella Unknown

When were they given? _____

What is your dog's medical history? _____

Where did you get your pet? Friend/Family Other Shelter Pet Store Other _____

Does your dog primarily live Inside Outside Both

Where does your dog stay when you are not at home? _____

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

Is your dog allowed on your furniture? Yes No

Is your dog housetrained? Yes No Potty pads

Is your dog crate trained Yes No

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

What brand(s)? _____

Does your dog dig? Yes No

Does your dog jump fences? Yes No

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? _____

Does your dog act aggressively? Yes No What causes it? _____

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

How would you describe your dog's activity level? _____

Has your dog ever 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? _____

Thank you!

