



PET ALLIANCE
of Greater Orlando

SHELTER INTAKE FORM - DOG

Requirements at Intake:

- ✓ Valid ID or owner surrender form plus copy of owners ID.
- ✓ Medical records including rabies certificate.
- ✓ Completed profile to assist adopters with selecting a new pet.

GENERAL INFORMATION

1. Dog's Name: _____
2. Age (birthday if known): _____
3. Sex: Female Male Spayed/Neutered: Yes No Unknown
4. Where did you acquire your dog? _____
5. How long have you had your dog? _____
6. What issues are you having with keeping your dog?
 Pet's Behavior Pet's Health Owner's Health Finances Housing Family

MEDICAL & DIETARY INFORMATION

1. When was the last time your dog was seen by a veterinarian? _____
2. Name of clinic: _____ Phone Number: _____
3. Dogs current medications: _____
4. Describe any past or present health problems or injuries: _____

5. List any allergies your dog may have: _____
6. Food and schedule: Dry Canned Table Scraps Prescription Other _____
 Free fed Feeding Schedule: _____ Brand(s): _____
 Favorite treats : _____

PERSONALITY PROFILE

1. What is your dog's personality like?
 Cuddly Affectionate Mouthy Curious Energetic/Active Jumpy
 Playful Independent Goofy Talkative Calm/Gentle Outgoing
 Shy Couch Potato Fearful Other _____
2. What does your dog like to play with:
 Ball Frisbee Kong/Treat filled toy Squeaky/soft toy Hard toy Tug toy Bone Stick
 Water Laser pointer His/her tail Other dogs Cats Puzzle toy Other _____
3. What commands does your dog know:
 Sit Stay Down Paw Place Rollover Come Fetch Other _____
4. How do you exercise your dog?
 Leashed walks/runs Play in yard Dog park Hiking Daycare Swim None Other _____

HOME ENVIRONMENT AND BEHAVIOR

1. Including yourself, indicate the age ranges of people your dog has lived or interacted with:

- Seniors Adults Children under 5 years Children between 6-12 years Children between 13-17 years

2. How does your dog react to children:

- Friendly/Playful Avoids Fearful Unpredictable Roughhouses
 Calm/Easygoing Snappy Gentle Growls/Barks Never been around

3. Please indicate which animals your dog is compatible with:

- Dogs (*circle all that apply*) Male / Female / Small / Large / Puppy / Adult / Senior
 Cats (*circle all that apply*) Male / Female / Kitten / Adult / Senior Other _____

4. How does your dog behave around other animal(s):

- Friendly Tolerates Unpredictable Easygoing Fearful Playful
 Barks/Growls Snappy Roughhouses Chases Avoids Jumps on
 Gets stiff/freezes Respectful Resource guards with (*circle all that apply*) Food / Toys / Treats

5. How does your dog react around food, toys and treats *with people*?

- Does nothing Takes nicely Takes roughly Growls/Snappy Other _____

6. Describe your dog's behavior when:

At the dog park Is great Didn't go well Never been Other _____

On walks Calm Excited Fearful Other _____

In the car Calm Excited Fearful Crated Other _____

Bathed/Nails trimmed Calm Excited Fearful Does not allow Other _____

Handled by the vet Calm Excited Fearful Does not allow Other _____

7. Does your dog display any of the following behavior(s)?

- Escapes yard Chews inappropriate things Pulls on leash Digs Other _____
 Inappropriate noises Chases (*circle all that apply*) Wildlife / Dogs / Cats / Joggers / Vehicles / Bicycles

8. Is your dog housebroken? Yes No Partially Only when crated Puppy pads

9. Where does your dog:

Live House Apartment Garage Outside in yard/pen Inside in crate/round pen

Sleep On furniture Floor Dog bed On people Outside in yard Crate/gated area

Stay when alone Free in home Inside garage Outside in yard Crate or gated area

10. Is your dog frightened of anything?

- Men Women Children Strangers Vet/Groomers Fireworks Thunder Vacuum Crate
 Bikes/Skateboards Cars Loud voices/Yelling Being left alone Other _____

11. Has your dog ever bitten a person or animal? No Yes, give details _____

12. Please describe any body parts your dog does not like being touched and what is the reaction: _____