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 □ Cats
   □ Water □ Laser pointer □ His/her tail □ Other dogs □ Watch TV □ 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/freezees □ 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 □ Crate □ 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 date & details __________________________

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