

AID #: _____
 Date: _____
 DAS ID#/Initials: _____/_____



Name of Dog _____

Completing the information below will help us get to know your dog better.

Reason for surrendering this dog: _____

How long have you had this dog? _____ Where did you get this dog? _____

Did you get your pet from a Rescue or Animal Shelter? If so please list name here: _____

What Veterinarian(s) have you used? _____ May we contact your Veterinarian(s) **Yes No**

Dog is: Housebroken _____ Paper-trained _____ Sometimes has accidents _____ Not housebroken _____

Is the dog crate trained? _____ How many times a day is the dog exercised? _____ For how long? _____

How much time was the dog kept outside? _____ Inside? _____

Where was the dog kept when no one was home? _____ Where did the dog sleep at night? _____

How many hours was the dog left alone? _____ How does the dog behave when left alone? _____

How was the dog kept confined to your property? Fenced area _____ Cable/chain _____ Not confined _____

Does the dog jump fences? _____ Height of your fencing? _____ Type of fencing? _____

Dogs favorite activities _____

Training: Obedience classes _____ Home training _____ No training _____

Please circle the commands that your dog knows: *Sit Down Stay Come Heal Wait Lay down Speak Shake Roll over*

Other commands or languages known: _____

This dog has lived in the same household with (check all that apply): Other dogs _____ Cats _____ Birds _____ Others _____

Children _____ Ages _____ Other pets _____ What kind? _____

How did this dog get along with above family members? _____

Circle as many of the following that describe the dog's behavior and habits:

- Barks a lot Digs Likes riding in cars Roams Whines Playful Escapes yard Unruly Submissive wetter
 Outgoing Fearful Chases cats Friendly to people Chews Reserved Growls Hyperactive Shy
 Friendly to other dogs Affectionate Fetch Likes treats Separation anxiety Likes water/swimming Jumps on people*

This dog does **NOT** like the company of: Small Children _____ Other Dogs _____ Cats _____ Other _____

Please explain if any of the above are checked: _____

This dog is overly protective of: Family _____ Its food/toys/treats _____ Own property _____

How does this dog react to strangers? _____

Has this dog ever Snapped _____ or Bitten _____ When/why? _____

The dog's diet is: Canned _____ Semi-moist _____ Dry food _____ Brand of food given _____

The dog's feeding time is A.M. _____ P.M. _____ or Throughout the day _____

Does this dog have any medical conditions that you are aware of? If yes, please list: _____

Please list any medications he/she is currently taking: _____

Is there anything else we should know about this dog? _____