



# Dog Background Information

***This information will help us to match your dog with the appropriate new owner.***

Dog's Name \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Altered? Yes No

How long has this dog lived with you? \_\_\_\_\_

How much of the time was the dog kept outside? \_\_\_\_\_ Inside? \_\_\_\_\_

Where did you leave the dog when no one was home? \_\_\_\_\_

How many hours a day on average did the dog spend unsupervised? \_\_\_\_\_

Where has this dog been allowed?

Inside House  Patio  Fenced Yard  Car  Garage

This dog is used to being allowed on:  Furniture  Beds  Only on the floor

Where was the dog used to sleeping?

In Owner's Room  In Owner's Bed  Doghouse  Garage  Other \_\_\_\_\_

What ages of people lived with this dog?

Adult Men  Adult Women  Seniors  Older Children (ages) \_\_\_\_  Young Children (ages) \_\_\_\_

How would you describe the dog's behavior?

Friendly  Playful  Noisy  Afraid  Snappy  Hyper  Quiet

How would you describe your household?

Active  Noisy  Quiet  Average

What type(s) of training has this dog had?

Obedience Class  Home Training  Professional  None

Does the dog know how to?

Sit  Stay  Come  Lie Down  Walk on Leash

Does the dog know any tricks? \_\_\_\_\_

Does the dog have any favorite toys or activities? \_\_\_\_\_

Has the dog ever bitten, snapped, or growled at anyone?  Yes  No

If yes, please describe \_\_\_\_\_

Does this dog have any bad habits the new owners should be aware of?  Yes  No

If yes, please describe \_\_\_\_\_

What have you done to correct the problem? \_\_\_\_\_

Is this dog frightened of anything?

- Men     Children     Thunder     Fireworks     Vacuums     Feet     Water  
 Other \_\_\_\_\_

Is your yard fenced?     Yes     No    How high? \_\_\_\_\_ What is it made of? \_\_\_\_\_

If your yard is not fenced, how did you keep the dog confined to your property? \_\_\_\_\_

Has the dog ever escaped from your yard?     Yes     No    If yes, how?     Digs Out     Jumps Fence  
 Charges gate when opened     Chews Through

When did the dog escape?     When alone     All the time     Other \_\_\_\_\_

Is the dog house trained?     Yes     No

How often did the dog have accidents in the house?

- Once a Day     Once a Week     Never     Every Time inside House

What kind of training have you tired?     Paper     Crate     None

Does this dog chase anything?

- People     Children     Cats     Livestock     Cars     Bicycles

What types of other animals does this dog get along with?     Dogs (male)     Dogs (female)     Cats     Birds  
 Livestock     Other \_\_\_\_\_

What types of animals doesn't the dog get along with? \_\_\_\_\_

Does the dog have any old injuries or health problems?     Yes     No    If yes, describe  
\_\_\_\_\_

Does the dog need any medication or special diet?     Yes     No

If yes, describe \_\_\_\_\_

Is the dog accustomed to:     Bathing     Nail trimming     Ear Cleaning     Brushing/Combing

When was the dog usually fed?     AM     PM     Free Fed

What type of food was he fed?     Dry     Canned     Both     Other \_\_\_\_\_

Brand of food(s) \_\_\_\_\_

Has the dog received any vaccinations or treatments? \_\_\_\_\_

Name and contact information for your Veterinarian: \_\_\_\_\_