



Shelter # A _____

For Staff Use

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	
ID <input type="checkbox"/> Tattoo Location _____ <input type="checkbox"/> Microchip # _____		

INCOMING DOG HISTORY SHEET

Please check all that apply

My Dog:

Name: _____ Age: _____

Gender: Male Female Status: In heat Pregnant Nursing

Altered: Neutered Spayed Not sure

Past or present medical conditions: Yes No

If yes, what are they?

Currently on medications (please specify)? _____

Currently on a special diet (please specify)? _____

Name of the veterinary clinic: _____

History

Time caring for my dog: _____ years _____ months My dog has had other owners? Yes No

My dog was acquired from: Ottawa Humane Society Found/Stray Pet Store

Friend/Relative Online

Placement group – Name of group? _____

Other animal shelter – Name of shelter? _____

Breeder – Name of breeder? _____

Other: _____

Reason for Surrender

Moving (unable to bring dog) Cost Pet is ill/injured Pet is aggressive

Behaviour issue (please specify): _____

Too many animals Unable to dedicate necessary time

Other (please specify): _____



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Environment

My family is: Quiet owner lives alone Retired couple Active family
 Quiet family Someone always home No one home during day

My dog is: Accustomed to active children Accustomed to calmer children Has never known children
 Nervous around children Enjoys attention

Age of any children in house: _____

My dog lived with:

No other animals in household Dogs (Male / Female / Both) Cats Male / Female / Both
 Other species (please specify): _____

Behaviour

How does your dog usually behave toward the following? *Please check all that apply*

	Never Encountered	Friendly	Afraid	Shows Teeth/ Growls	Snaps	Bites	None of these
People my dog knows							
Men		1	2	3	4	5	
Women		1	2	3	4	5	
Children		1	2	3	4	5	
Unfamiliar people							
Men		1	2	3	4	5	
Women		1	2	3	4	5	
Children		1	2	3	4	5	
Animals my dog knows							
Dogs		1	2	3	4	5	
Cats		1	2	3	4	5	
Small domestic animals		1	2	3	4	5	
Unfamiliar animals							
Dogs		1	2	3	4	5	
Cats		1	2	3	4	5	
Small domestic animals		1	2	3	4	5	

My dog chases or attempts to chase any of the following?

None Joggers Cyclists Skateboarders Roller Bladers Cars Motorcycles
 Squirrels Outdoor cats Children Dogs Other _____

My dog plays: Gentle Somewhat rough Very rough Doesn't play

When my dog plays, he/she: Jumps Growls Barks Grabs clothing Bites lightly



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Bites hard None of the above

My dog is afraid of (please describe): _____

How does your dog usually react when you or another person does the following? *Please check all that apply*

	Never Tried	Enjoys	Allows	Afraid	Puppy Mouthing	Shows Teeth/ Growls	Snaps	Bites	No Reaction
Hugging		1	1	2	2	3	4	5	
Bathing		1	1	2	2	3	4	5	
Brushing		1	1	2	2	3	4	5	
Wiping Feet		1	1	2	2	3	4	5	
Nail Trimming		1	1	2	2	3	4	5	
Vet visits		1	1	2	2	3	4	5	
Groomer visits		1	1	2	2	3	4	5	

My dog urinates/defecates outside? Yes No/Paper trained
If yes, please specify how many times per day: _____

My dog has "accidents" in the house? Yes No
If yes, please specify how frequently: Daily 1-2 x/week 1-2x/month
If yes, my dog: Urinates Defecates Both

My dog is left alone, without people for (hours): Never 1-3 4-8 9-12 Over 12
When alone, my dog is: Outdoors Free in the house Confined to a room Crated
 Other (please specify): _____

When left alone, my dog shows the following behaviours? *Please check all that apply.*

Whining		Barking		Howling		Panic screaming		Self Mutilates (chews/bites at self)	
Foams at the mouth		Urinates		Defecates		Vomits		Injures itself attempting to escape	
Shakes and trembles		Excessive scratching		Damages personal items		Damages furniture		Chews at windows/doors	

If you checked any of the behaviours above, how long has your dog been exhibiting this behaviour?
 _____ years _____ months

My dog demonstrates anxiety when family members are away? Yes No



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The following changes happened around the time this behaviour began:

- Changed work schedule
 Family vacation
 Divorce
 New baby
 Children back at school
 New pet
 Moved or changed living arrangements
 Renovations
 Other: _____
 There were no changes

I have attempted to crate train my dog? Yes No

If yes, was crate training successful (dog is able to remain without escaping or hurting self)? Yes No

What steps have you taken to control or discourage the above behaviours? *Please check all that apply*

Basic obedience training		Private training or consultation		Book or internet research		Video/Audio Monitoring	
Dog walker		Doggie daycare		Consultation with veterinarian		Medication	
Punishment		Confinement		Baby gate		Other	

What type of management measures worked best? _____

What worked the least? _____

My dog was able to stay outside in the yard alone without anxiety: Yes No

My dog has bitten a person with the intention to harm them: No Yes

If yes, did the bite puncture the skin? No Yes

If yes, were stitches required? No Yes

Please explain the circumstances: _____

My dog has bitten another dog with the intention to harm them: No Yes

If yes, did the other dog require veterinary care? No Yes

Please explain the circumstances: _____

Has your dog ever demonstrated aggressive behaviour in the following situations? *Please check all that apply.*

	No aggression	Shows teeth/growls	Snaps	Bites	Never tried
Towards a human family member in the house					
Pet/touch the bowl or food while eating	1	3	4	5	
Pet/touch a bone, rawhide, pig's ear or other	1	3	4	5	



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delicious edible while chewing					
Pet/touch dog while in possession of a stolen food item	1	3	4	5	
	No aggression	Shows teeth/growls	Snaps	Bites	Never tried
Pet/touch dog while in possession of a stolen object (tissue, shoe, sock, etc.)	1	3	4	5	
Pet/touch dog while in possession of a toy	1	3	4	5	
Pet/move dog while it is sleeping	1	3	4	5	
Push/pull dog off of furniture	1	3	4	5	
Approach dog while next to another family member	1	3	4	5	
Towards an unfamiliar person					
Approaching a family member	1	3	4	5	
Approaching the yard or house	1	3	4	5	
Entering the house	1	3	4	5	
Approaching a vehicle (where the dog is inside)	1	3	4	5	
Towards another animal (dog, cat)					
Approaching any resource (food, bone, bed)					
Approaching a family member					
Approaching the yard or house					

Please feel free to tell us any additional helpful information (favorite toys/games/places, bad habits, if they enjoy swimming, etc.):

Thank you for completing this questionnaire!

We know that giving up your pet is not an easy decision and we promise to do our best.