

Animal Information Form - Dog



Completed by OHS:

Animal ID #A _____

Microchip # _____

**Pet Stewardship Program
Animal Information Form – Dog**

Owner Information (please print)

First and Last Name _____

Street Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ Email _____

Dog Information

Dog's Name _____ Age _____

Microchip # _____

Breed/type _____ Colour & Markings _____

Gender Male Female Spayed/Neutered Yes No Unsure

How long have you owned the dog? _____

Has the dog had previous owners? Yes No

Medical History

Name of Veterinarian _____ Name of Clinic _____

How often does the dog visit the vet? _____

Vaccinated Yes No Date of last vaccination _____

Rabies Distemper Other _____

If female, has she ever had a litter? Yes No

If yes, how many litters? _____

Past medical conditions Yes No

If yes, please describe the condition(s) _____

If yes, how was the condition(s) treated? _____

Current medical conditions Yes No

If yes, please describe the condition(s) _____

If yes, how is the condition(s) being treated? _____

Currently on medication Yes No

If yes, please describe _____

Known allergies Yes No

If yes, please describe _____

Currently on a prescription diet Yes No

If yes, what brand and type? _____

Past dental work Yes No

If yes, please describe what the work was for _____

Currently in need of dental work Yes No

If yes, please describe the work needed _____

Environment

Housing type Detached house Apartment Row house

Housing area City (urban) Suburbs Country

Time outdoors Free in yard Leashed walks Off-leash parks

Household type Quiet owner lives alone Retired couple Quiet family

Active family Someone always home

Not home during the day Other _____

Household members Men Women Children

Other pets Dog(s) Cat(s) Other _____

If other pets, please what species and breed(s)? _____

Diet

Type of food Dry (kibble) Wet (canned) Both

Brand of food _____ # of meals per day _____

Typical appetite Good Fair Poor/Fussy

Favourite treats _____

Exercise

How much exercise is the dog accustomed to daily? _____

Play Style

- Dog plays Gentle Somewhat rough Very rough Doesn't play
- While playing, dog Jumps Growls Barks Bites clothing
- Bites hard Bites gently Other _____

Favourite games & activities _____

Favourite toys _____

House Training

- Urinates/defecates outside Yes No
- Uses pee-pads/newspaper inside Yes No
- Has "accidents" in the house Yes No
- If yes, please specify how often* Daily 1-2 times a week 1-2 times a month
- If yes, please specify accidents* Urinates Defecates Both

Time Alone

- Dog is left alone, without people, for (hours) Never 1-3
- 4-8 9-12 Over 12
- When alone, the dog is Outdoors Free in house Crated
- Confined to a room
- Do you believe the dog demonstrates separation anxiety when alone? Yes No
- If yes, what behaviours does the dog show when left alone?*
- Whining Barking Howling Excessive scratching Harms self
- Urinates Defecates Vomits Damages furniture Damages items

Other _____

Behaviour

General personality Shy Outgoing Playful Affectionate

Describe the dog's personality _____

How does the dog usually behave toward the following?

	Unsure	Friendly	Afraid	Shows Teeth/ Growls	Snaps	Bites	N/A
People the 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 the 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	

Does the dog chase or attempt to chase any of the following?

None Cars Bicycles Joggers Squirrels Dogs Cats

Children Other _____

How does the dog usually react when you do the following?

	Never Tried	Enjoys	Allows	Afraid	Puppy Mouthing	Shows Teeth or Growls	Snaps	Bites	No Reaction
Hugging		1	2	3	4	5	6	7	
Bathing		1	2	3	4	5	6	7	

Brushing		1	2	3	4	5	6	7	
Wiping Feet		1	2	3	4	5	6	7	
Nail Trimming		1	2	3	4	5	6	7	
Vet visits		1	2	3	4	5	6	7	
Groomer visits		1	2	3	4	5	6	7	

Does the dog have any fears? _____

Does the dog demonstrate any aggressive behaviours in the following situations?

	No Aggression	Shows Teeth or Growls	Snaps	Bites	Never tried
Toward a humane family member in the house					
Pet/touch the bowl or food while eating	1	2	3	4	
Pet/touch a bone or other delicious edible while chewing	1	2	3	4	
Pet/touch dog while in possession of a stolen food item	1	2	3	4	
Pet/touch dog while in possession of a stolen object (tissue, shoe, sock, etc.)	1	2	3	4	
Pet/touch dog while in possession of a toy	1	2	3	4	
Pet/move dog while it is sleeping	1	2	3	4	
Push/pull dog off of furniture	1	2	3	4	
Approach dog while next to another family member	1	2	3	4	
Toward an unfamiliar person					
Approaching a family member	1	2	3	4	
Approaching the yard or house	1	2	3	4	
Entering the house	1	2	3	4	
Approaching a vehicle (where the dog is inside)	1	2	3	4	
Toward another animal (dog, cat)					
Approaching any resource (food, bone, bed)	1	2	3	4	
Approaching a family	1	2	3	4	

member					
Approaching the yard or house	1	2	3	4	

Preferred Home

Preferred home would have Children Access to Outdoors Other dogs

Other cats Other animals _____

Other requests _____

Describe the home you would like for your dog (you may attach a separate page, if preferred)

Please include a recent photo of your dog.

Thank you for completing this Animal Information Form!

The Ottawa Humane Society is committed to providing the best home and care for your dog.