

Dog Admission Profile

Dog's Name _____ Intake # _____

Breed _____ Age _____

Where did you get your dog? breeder pet shop humane society friend other _____

Sex: Male Female Has your dog been sterilized? Yes No

How long have you owned the dog? _____

How would you describe your dog's behavior most of the time? very active couch potato friendly to family friendly to visitors shy to family shy to visitors playful vocal quiet affectionate destructive other _____

Is your dog housebroken? Yes No

If your dog is housebroken, is he/she trained to go outside uses newspapers/pads other _____

How do you know your dog needs to relieve him/herself? _____

Does your dog ever have accidents? Yes No If yes, how often _____

Has your dog received any type of training? If yes, explain _____

How often is your dog fed?

What type of food does your dog eat? dry canned other _____

Brand of food used most often _____

Where is your dog kept most of the time? inside the house in a crate in a kennel outside on chain in a fenced yard

Where does your dog sleep? _____

Does your dog like other dogs? yes no don't know

If no, how many dogs has your dog been in contact with on a regular basis? _____

Has your dog ever been in a severe dog fight in which either dog was injured? yes no

If yes, please explain _____

Has the dog ever been in contact with cats? yes no

If yes, does the dog get along with cats? yes no

Has the dog ever been exposed to other pets? yes no If yes, please list _____

Has the dog ever been around children? yes no If yes, please give children's ages _____

Was the dog allowed to roam outside unattended? yes no

When you are gone, is your dog loose in the house let outside restricted to one or two rooms tied out crated other _____

What types of toys does your dog enjoy?

What types of treats does your dog enjoy?

Has your dog ever bitten anyone? yes no If yes, please explain _____

Does your dog jump on people tear up household furnishings raid the trash can bark at strangers guard his/her property growl when you try to take food or toys away

What does your dog enjoy doing? _____

If your dog accustomed to bathing nail clipping ear cleaning brushing/combing

Is your dog leash trained? Yes No

Does your dog have any medical problems that you are aware of? yes no
If yes, please explain _____

Is your dog current on its vaccinations? yes no Rabies? yes no

Has your dog been tested for heartworms? yes no Currently on heartworm preventative? Yes No
Is your dog on flea treatment: yes no Product: _____

Where did your dog receive veterinary care from? _____
Whose name is the record in? _____

Have you ever boarded your dog? yes no If yes, where _____

What, if any, behavioral problems does the dog have?

What are the two things you like most about your dog?

1. _____

2. _____

What are two things you dislike most about your dog?

Why are you surrendering your dog to the R-H SPCA?

What would have to happen for you to keep the dog?