



Date: \_\_\_\_\_

Admission #: \_\_\_\_\_

# Dog Background Questionnaire

Complete this form, which will provide valuable information to assist in caring for your dog. Please answer honestly and with as much detail as possible. Circle the appropriate answers.

Owner's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Dog's age: \_\_\_\_\_

Breed: \_\_\_\_\_

Microchip: \_\_\_\_\_

Sex: Male or Female

Spayed/Neutered: Yes or No

## General

### Where did you get your dog?

Hawaiian Humane Society      pet store      found      breeder      newspaper

Other shelter      friend/relative      internet      other \_\_\_\_\_

How long have you cared for this dog? \_\_\_\_\_

### Why are you surrendering your dog?

dog has behavior problems      dog has health problems      living situation      new baby

other \_\_\_\_\_

Has your dog lived with children? Yes or No      If yes, what ages were the children? \_\_\_\_\_

If no, what does your dog do when he/she is around children?

plays      ignores      has never seen children      growls

barks      other \_\_\_\_\_

What other pets has your dog lived with? Dog      Cat      other \_\_\_\_\_

Where is your dog when he/she is left home alone?

inside/free      crate/kennel      fenced in yard      chained/tied in yard

other \_\_\_\_\_

Where does your dog spend most of his/her time?

inside/free      crate/kennel      fenced in yard

chained/tied in yard      other \_\_\_\_\_

Is your dog house trained? Yes or No

If yes, how does your dog let you know when he/she needs to go to the bathroom?

barks      whines      paces

scratches at door      does not signal      other \_\_\_\_\_

Is your dog crate trained? Yes or No      Has he/she ever been kenneled? Yes or No

## Medical

Who is your veterinarian? \_\_\_\_\_

Does your dog have any medical conditions? If yes, please explain.

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Behavior and Training

**Which of the following describes your dog's personality?**

friendly	shy	independent	fearful
playful	aggressive	confident	other _____

**Does your dog do any of the following?**

run away	bark too much	jump on people
dig in the yard	other _____	

**What are your dog's favorite things to do?**

fetch	chase	go for a walk	swim
play with other dogs	sleep	dig	play tug
play with tennis balls	chew bones	play with squeak toys	other _____

**What commands does your dog know?**

sit	come	paw/shake
down	drop it	other _____

**What does your dog do if you take his/her food away while he/she is eating?**

stops eating	keeps eating	growls
tries to bite	don't know	other _____

**What does your dog do when he/she is left home alone?**

whine	bark	chew furniture	try to escape
sleep	destroy things	go to the bathroom	other _____

**Is your dog scared of anything?**

strangers	fireworks	thunder	children
cats	dogs	other _____	

**Has he/she ever fought with another dog?**

Yes No

**Has your dog ever injured another dog?**

Yes No

**Has your dog ever injured another animal?**

Yes No

If yes to any of the above, please explain.

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**How does your dog interact with other dogs?**

plays	growls	fights	barks
ignores	tolerates	never seen another dog	other _____

**Has your dog ever growled at you or anyone else?**

Yes No

**Has your dog ever snapped at you or anyone else?**

Yes No

**Has your dog ever nipped at you or anyone else?**

Yes No

**Has your dog ever bitten you or anyone else?**

Yes No

If yes to any of the above, please explain.

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Please tell us anything else that may be important. Additional paper can be provided.

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