



Dog Personality Questionnaire

Your dog is unable to tell us what we need to know to place him/her in the best home possible.
We need you to help him/her by giving detailed and honest answers.

Has your dog bitten anyone in the last ten days? Yes No If yes, did the bite break skin? Yes No

Has your dog ever bitten anyone? Yes No

Has your dog ever injured or killed another animal? Yes No If Yes, please explain: _____

If YES to any of the above questions, please inform staff immediately.

General Information

Dog's Name _____ Breed(s) _____ Age _____

How long have you had this dog? _____

Where did you obtain this dog? _____

Does your dog have a microchip or tattoo? Yes No Location of tattoo _____

Is your dog Female or Male . . . spayed or neutered? Yes No

Why are you surrendering your dog to WHS? (Circle all that apply)

Behavioral problems Time commitment Family/financial/housing issues Health issues(yours or dog's) Other

Please explain in your own words why you are surrendering your dog: _____

If we could help you resolve this issue would you be interested in keeping the dog? _____

Your Dog's Health

When was the last time your dog was taken to a Veterinarian? 3 mos. 6 mos. Last Year Other _____

Current Veterinarian _____ Clinic _____ Phone # _____

City _____ State _____ Cared for Since _____

How does your dog react to going to the vet? _____

Has your dog been vaccinated in the last year? No Yes Date of last vaccination _____

Are you aware of any health issues your dog has? No Yes ➔ if yes, please explain: _____

Does your dog require medication on a regular basis? _____

If so, for what reason? _____

****Please attach all medical records to this questionnaire.**

Does your dog allow you to trim his/her nails? No Yes

Are there any places on the dog's body he/she does not like to be touched, petted or brushed? No Yes

➔ If yes, please explain: _____

Is your dog allergic to any food ingredients? Yes No Unsure

If so, what kind? _____

Environment

Where did your dog spend most of his/her time? Inside Outside Inside/Outside

Was he/she permitted to sit and/or sleep on furniture? Yes No

Where was your dog kept when family members were home?

- | | | |
|---|--|---|
| <input type="checkbox"/> Free run of the house | <input type="checkbox"/> Crated | <input type="checkbox"/> In fenced yard |
| <input type="checkbox"/> In garage or basement | <input type="checkbox"/> Confined to kitchen or bathroom | |
| <input type="checkbox"/> Outside on chain or runner | <input type="checkbox"/> Electronic Pet Containment | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Where was your dog kept when no one was home?

- | | | |
|---|--|--|
| <input type="checkbox"/> Free run of the house | <input type="checkbox"/> Crated | <input type="checkbox"/> In fenced yard |
| <input type="checkbox"/> In garage or basement | <input type="checkbox"/> Confined to kitchen or bathroom | <input type="checkbox"/> Kennel or enclosure |
| <input type="checkbox"/> Outside on chain or runner | <input type="checkbox"/> Electronic Pet Containment | |
| <input type="checkbox"/> Other (please explain) _____ | | |

How was your dog confined when outdoors?

- | | | |
|---|---|---|
| <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Electronic Pet Containment | <input type="checkbox"/> Dog house |
| <input type="checkbox"/> Tied out, chain or runner | <input type="checkbox"/> Kennel or enclosure | <input type="checkbox"/> No confinement |
| <input type="checkbox"/> Other (please explain) _____ | | |

Home Life

Please check all animals that your dog has *lived* with: (check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Male dogs | <input type="checkbox"/> Female dogs | <input type="checkbox"/> Small animals (what kind?) _____ |
| <input type="checkbox"/> Male cats | <input type="checkbox"/> Female cats | <input type="checkbox"/> Farm animals (what kind?) _____ |
| <input type="checkbox"/> Other (please explain) _____ | | |

Describe your dog's behavior and play style around **other dogs**. (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Never been around other dogs | <input type="checkbox"/> Adores other dogs | <input type="checkbox"/> Friendly/Playful |
| <input type="checkbox"/> Aggressive with all dogs | <input type="checkbox"/> Bossy | <input type="checkbox"/> Frightened |
| <input type="checkbox"/> Ignores or is indifferent | <input type="checkbox"/> Gentle/Submissive | <input type="checkbox"/> Roughhouses |
| <input type="checkbox"/> Aggressive w/ same sex dogs | <input type="checkbox"/> other (please explain) _____ | |

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe your dog's behavior around cats. (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Never been around cats | <input type="checkbox"/> Respectful | <input type="checkbox"/> Friendly/Playful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Frightened | <input type="checkbox"/> Chases |
| <input type="checkbox"/> Ignores or is indifferent | <input type="checkbox"/> Has killed a cat | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Manners and Training

Has your dog ever done any of the following: (check all that apply)

- | | | | | |
|--------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Adult family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Children family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her food | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Neighbors pets | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |

Describe your dog's play style with people. (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Plays gently | <input type="checkbox"/> Plays rough but stops when told | <input type="checkbox"/> Plays very physically |
| <input type="checkbox"/> Prefers to chase | <input type="checkbox"/> Just likes to hang out | <input type="checkbox"/> Tends to herd |
| <input type="checkbox"/> Tends to nip | <input type="checkbox"/> Jumps and uses mouth in play | <input type="checkbox"/> No interest in playing |
| <input type="checkbox"/> Other (please explain) _____ | | |

Has your dog ever been boarded at a dog kennel or attended doggie daycare? Yes No

How did your dog react to being kenneled? _____

Has your dog ever wandered or run away? Yes No If yes, how often? _____

If so, does he/she come when called? Yes No

Did you crate train your dog? Yes No

If yes, how long did the dog spend in the crate each day? _____

Is your dog housetrained? Yes No Almost (started training)

If your dog is housetrained, how do you know he/she needs to go out? _____

If no, please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Dog urinates inside home daily | <input type="checkbox"/> Urinates inside home occasionally |
| <input type="checkbox"/> Defecates inside home daily | <input type="checkbox"/> Defecates inside home occasionally |

Do your dog's housetraining accidents most often happen: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> When dog is not closely supervised | <input type="checkbox"/> When dog is not kept on a schedule |
| <input type="checkbox"/> When dog is overexcited | <input type="checkbox"/> When dog signals to be let out and is ignored |
| <input type="checkbox"/> When dog is sleeping | <input type="checkbox"/> Other |

When your dog has had an accident, how have you dealt with this problem? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Consult vet or trainer | <input type="checkbox"/> Confined dog | <input type="checkbox"/> Kept dog outside |
| <input type="checkbox"/> Rubbed nose in it | <input type="checkbox"/> Spanked dog | <input type="checkbox"/> Acted "mad" at dog |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Other (please explain) _____ | |

How does your dog behave when left alone (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housesoils | <input type="checkbox"/> Barks/Vocalizes | <input type="checkbox"/> Sleeps/is relaxed |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Marking | <input type="checkbox"/> Is anxious (pacing, drooling, whining) |
| <input type="checkbox"/> Chews (what items?) _____ | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Has your dog attended any training classes? Yes No If so, what kind? _____

What commands does your dog understand? _____

How does your dog respond to riding in a car? _____

Is your dog protective or possessive of any of the following? (Check all that apply)

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Food (with other pets) | <input type="checkbox"/> Toys (with other pets) | <input type="checkbox"/> His/Her body | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Food (with people) | <input type="checkbox"/> Toys (with people) | <input type="checkbox"/> Of owner/family | |
| <input type="checkbox"/> Of property | <input type="checkbox"/> Bed | <input type="checkbox"/> Other (please explain) _____ | |

Is your dog frightened of any of the following? (Check all that apply)

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Babies or toddlers | <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> Strangers/Visitors | <input type="checkbox"/> Loud voices | <input type="checkbox"/> Thunder/Lightning | <input type="checkbox"/> Car |
| <input type="checkbox"/> Sudden movement | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Vet/Groomer | <input type="checkbox"/> Fireworks/Loud noises |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Please continue on back →

Experiences with Children

Did your dog live with children in your home? Yes No

If so, what ages? _____

Would you recommend this dog live with children? Yes No

Why or why not? _____

Did your home have children as visitors on a regular basis? Yes No

If yes, what ages? _____

Would you recommend this dog be place in a home where children visit on a regular basis? Yes No

Why or why not? _____

Describe your dog's behavior around children. (Check all that apply)

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Never been around children | <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Gentle | <input type="checkbox"/> Nervous/Frightened |
| <input type="checkbox"/> Snappy at times | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Too active | <input type="checkbox"/> Adores children |
| <input type="checkbox"/> Watches over children | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Excited | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Avoids children | <input type="checkbox"/> Other (please explain) _____ | | |

Will your dog allow children to touch or handle food dishes without getting upset? Yes No Unknown

Will dog gently take treats offered by children? Yes No Unknown

Have your children fed or watered your dog on a daily basis? Yes No Comments _____

Does your dog accept being brushed or petted by children? Yes No Unknown

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No

What was the dog's reaction? _____

How will your dog react to a child approaching when he/she is sleeping? _____

Is there anything else you would like us to know about this dog? (For example- favorite treats, toys, activities, food)

I authorize the transfer of my animal's information (as listed above) to a new owner in the event that this animal is placed for adoption. The information on this form is to the best of my knowledge, accurate and complete.

Initials: _____

Date: _____

Thank you for taking the time to answer these questions honestly. Everything you have told us about your dog is important.

-WHS Staff