



PLEASE RETURN COMPLETED FORM TO INTAKE@PETSRETURNHOME.ORG

Dog Profile

The following questionnaire provides us with information about how your dog behave in many different circumstances.

If your dog is coming to Pets Return Home for behavior training this information will help us understand his behavior in a home setting.

Your open and honest answers are necessary so we can do careful rehabilitation and placement.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature

Date

Print Name

Dog's Name



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Dog and Household Information

1. Dog's name? _____
2. Sex Male Female 3. Age _____ years _____ months
4. Breed _____
5. How long have you had this dog? _____ years _____ months
6. Is the dog spayed or neutered? Yes No
7. Your relationship to dog? Owner Friend/caretaker Foster Other
PRH Friend/relative Stray Pet store Breeder
8. Where did you get this dog? Newspaper/web site Other shelter/rescue Other
9. What are the reasons you are bringing this dog to Pets Return Home?

10. What other animals did the dog live with? None Dogs Cats Other (describe) _____

11. Including yourself, how many people of the following ages live in your house?

Please fill in the boxes?

Age range(years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		



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Typical Behavior - your dog's usual behavior

12. How does your dog usually behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people							
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals your dog knows							
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar animals							
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Does your dog usually & uncontrollably chase or attempt to chase any of the following?

Joggers Bicycles Skateboarders/roller bladers Cars/motorcycles Outdoor cats

Squirrels or other small animals Birds Doesn't chase

Other (please describe) _____

14. How does your dog usually react when you or another family member does the following?

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wipe feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Typical Behavior continued

15. How does your dog usually react when an unfamiliar person approaches or enters the yard or house?

Friendly Afraid Barks Shows teeth/growls Snaps Bites None of these

16. Do you take your dog out to go to the bathroom? Yes No/paper trained

17. Please specify how many times per day _____

18. Does your dog usually have "accidents" in the house? Yes No

19. Please specify how many times per day _____

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

Inside the house, runs free Inside the house, in crate Outside the house, tied
 Outside the house, runs free in the neighborhood Outside the house, runs free in the yard
 Outside the house, in crate/kennel

21. Please describe _____

22. How long is your dog left alone, without people, during the week?

Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

23. When your dog is left alone, is he/she

Outdoors Free in home Confined to a room In a cage Other

Please describe _____

24. When left alone, does your dog usually show any of the following behaviors?

Destroy household items Urinate/defecate Bark Cry None of these

25. When you are home, does your dog usually show any of the following behaviors?

Destroy household items Urinate/defecate Bark Cry None of these

26. When your dog plays, does he/she typically... Please circle all that apply.

Jumps Growls Barks Bites lightly Bites hard None of these

27. What toys does your dog like?

Balls Frisbee Plush Squeaky Tug Toy None Other

Please describe _____

28. What games does your dog like?

Fetch Tug Chase Wrestling None Other Please describe

Please describe _____



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Typical Behavior continued

29. Is your dog scared of anything? Yes No

Please describe _____

Please tell us your dog's "bad habits"

30. Is your dog allowed on furniture? Yes No

31. Where does your dog usually sleep overnight?

Crate Floor Dog bed Couch Owner's bed Other

Please describe _____

32. What commands does your dog know?

None Sit Stay Down Come Heel Give paw

Please describe _____

33. Has your dog attended any obedience training classes? Yes No

34. Has your dog ever been walked on the leash? Yes No

35. Does your dog have problems riding in the car? No Don't know Yes

Please describe _____

36. Has your dog escaped your property 2 or more times in the last 6 months? Yes No

Please describe _____



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Aggressive Behavior - (Behavior that has ever happened)

- 37. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)? Yes No Don't know
- 38. Has your dog ever attacked another dog resulting in severe injury or death to another dog? Yes No Don't know
- 39. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal? Yes No Don't know
- 40. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.)

Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other domesticated animal species (cat, livestock, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 41. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dogfight or while a dog was in severe pain? Yes No
- 42. If snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dogfight or while a dog was in severe pain? Yes No
- 43. Please explain the circumstances of all snaps or bites in the table above here.



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Aggressive Behavior continued

44. If any aggressive behavior to men, women, or children is checked in the table above, please answer the following questions. If does not apply, skip the table.

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it over bones or rawhides or chews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it over toys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it over stolen objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it when the dog was disturbed while sleeping or resting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it when an adult or child entered the house or yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it when an adult or child approached or reached toward dog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Medical History

45. Does your dog see a veterinarian at least once a year? Yes No

46. If "yes", please specify the veterinarian name and contact info:

Name: _____ Phone Number _____

47. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Examine (including heart and ears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Does your dog have to be muzzled at the veterinarian? Yes No

49. Does your dog have any past or present medical conditions? Yes No (Please describe)

50. Is your dog currently on any medication or special diet? Yes No (Please describe) _____

51. What type of food does your dog eat? (Please check all that apply)

Dry kibble Wet food Raw food Homemade Prescription diet Senior diet Other _____

