



Shelter # A _____

For Staff Use

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	
ID <input type="checkbox"/> Tattoo Location_____	<input type="checkbox"/> Microchip #_____	

INCOMING DOG HISTORY SHEET

Please check all that apply

Your Dog

My dog's name is: _____

My dog's gender is: Male Female In heat Pregnant Nursing

My dog is altered: Neutered Spayed Not sure

My dog has past or present medical conditions? Yes No

If yes, what are they?

My dog is currently on medications (please identify)? _____

My dog is currently on a special diet (please identify)? _____

What is the name of the veterinary clinic that saw your dog for these conditions? _____

History

I have had my dog for: _____ years _____ months

My dog has had other owners? Yes No

My dog was acquired from: Ottawa Humane Society Found/Stray Pet Store Online

Placement group – which group? _____

Other animal shelter – which shelter? _____

Friend/Relative Breeder - Name and location of Breeder _____

Other _____

Reason for Surrender

- | | | |
|---|---|--|
| <input type="checkbox"/> Family allergies | <input type="checkbox"/> Too many animals | <input type="checkbox"/> Moving (unable to bring dog) |
| <input type="checkbox"/> New baby/pregnancy | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Unable to dedicate necessary time |
| <input type="checkbox"/> Needs training | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Other (please explain): _____ |

Environment



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My family is: Quiet owner lives alone Retired couple Active family
 Quiet family Someone always home No one home during day

My dog is: Accustomed to active children Accustomed to calmer children Has never known children
 Nervous around children Enjoys attention Ages of family members_____

My dog lived with:

No other animals in household Dogs (Male / Female / Both) Cats (Male / Female / Both)
 Other species (specify) _____

Behaviour

How does your dog usually behave toward the following? Please check all that apply

	Never Encountered	Friendly	Afraid	Shows Teeth/ Growls	Snaps	Bites	None of these
People my dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals my dog knows							
Dogs							
Cats							
Small domestic animals							
Unfamiliar animals							
Dogs							
Cats							
Small domestic animals							

My dog uncontrollably chases or attempts to chase any of the following?

None Joggers Cyclists Skateboarders Roller Bladders Cars Motorcycles
 Squirrels Outdoor cats Children Dogs Other _____

My dog plays: Gentle Somewhat rough Very rough Doesn't play

When my dog plays, he/she: Jumps Growls Barks Grabs clothing Bites lightly
 Bites hard None of the above

My dog is afraid of (please describe): _____



Shelter # A _____

How does your dog usually react when you or another person does the following? Please check all that apply

	Never Tried	Enjoys	Allows	Afraid	Puppy Mouthing	Shows Teeth/ Growls	Snaps	Bites	No Reaction
Hugging									
Bathing									
Brushing									
Wiping Feet									
Nail Trimming									
Vet visits									
Groomer visits									

My dog urinates/defecates outside? Yes No/Paper trained

If yes, please specify how many times per day: _____

My dog has "accidents" in the house? Yes No

If yes, please specify how frequently: Daily 1-2 x/week 1-2x/month

If yes, my dog: Urinates Defecates Both

My dog is left alone, without people for (hours): Never 1-3 4-8 9-12 Over 12

When alone, my dog is: Outdoors Free in the house Confined to a room Crated

Other (please describe) _____

When left alone, my dog shows the following behaviours? Please check all that apply

Whining		Barking		Howling		Panic Screaming		Self Mutilates (chews/bites at self)	
Foams at the mouth		Urinates		Defecates		Vomits		Injures itself attempting to escape	
Shakes and trembles		Excessive Scratching		Damages Personal Items		Damages Furniture		Chews at windows/doors	

If you checked any of the behaviours above, how long has your dog been exhibiting this behaviour?

_____ years _____ months

My dog demonstrates anxiety when only certain family members are away? Yes No

The following changes happened around the time this behaviour began:



Shelter # A _____

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Changed work schedule | <input type="checkbox"/> Family vacation | <input type="checkbox"/> Divorce | <input type="checkbox"/> New baby |
| <input type="checkbox"/> Children back at school | <input type="checkbox"/> New pet | <input type="checkbox"/> Moved or changed living arrangements | |
| <input type="checkbox"/> Renovations | <input type="checkbox"/> No changes | <input type="checkbox"/> Other _____ | |

I have attempted to crate train my dog? Yes No

If yes, was crate training successful (dog is able to remain without escaping or hurting self)? Yes No

What steps have you taken to control or discourage the above behaviours? Please check all that apply

Basic obedience training	Private training or consultation	Book or internet research	Video/Audio Monitoring
Dog walker	Doggie daycare	Consultation with veterinarian	Medication
Punishment	Confinement	Baby gate	Other _____

What type of management measures worked best? _____

What worked the least? _____

My dog was able to stay outside in the yard alone without this anxiety: Yes No

My dog has bitten a person with the intention to harm them: No Yes

If yes, did the bite puncture the skin? No Yes

If yes, were stitches required? No Yes

Please explain the circumstances: _____

My dog has bitten another dog with the intention to harm them: No Yes

If yes, did the other dog require veterinary care? No Yes

Please explain the circumstances: _____

Has your dog ever demonstrated aggressive behaviour in the following situations? Please check all that apply

	No aggression	Shows teeth/growls	Snaps	Bites	Never tried
Towards a family member (person) in the house					
Pet/touch the bowl or food while eating					
Pet/touch a bone, rawhide, pig's ear or other delicious edible while chewing					
Pet/touch it in possession of a stolen food item					



Shelter # A _____

	No aggression	Shows teeth/growls	Snaps	Bites	Never tried
Pet/touch it in possession of a stolen object (tissue, shoe, sock, etc.)					
Pet/touch while in possession of a toy					
Pet/move it while sleeping					
Push/pull it off of furniture					
Approach it while next to another family member					
Towards an unfamiliar person					
Approaching a family member					
Approaching the yard or house					
Entering the house					
Approaching a vehicle (where the dog is inside)					
Towards another animal (dog, cat)					
Approaching any resource (food, bone, bed)					
Approaching a family member					
Approaching the yard or house					

Please feel free to tell us any additional helpful information (favorite toys, games, places, bad habits, do they enjoy swimming):

Thank you for completing this questionnaire!

We know that giving up your pet is not an easy decision and we promise to do our best.
