



# DOG INTAKE - BEHAVIOR OBSERVATIONS

Dog's Name \_\_\_\_\_ Dog's A# \_\_\_\_\_

Reason why this dog is being surrendered \_\_\_\_\_

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1. What type of people live in the home with this dog?

- Children under 12    Teenagers    Men    Women    Seniors

2. How often does this dog interact with people who do not live in this home?

- Never    Once per year    Once per month    Once per week    Every day

3. Please circle all behaviors you have observed when this dog interacts with strangers.

- |                             |                      |                          |                          |
|-----------------------------|----------------------|--------------------------|--------------------------|
| Wags tail                   | Licks lips or yawns  | Moves towards stranger   | Moves away from stranger |
| Shows teeth                 | Growls               | Licks stranger           | Sits in stranger's lap   |
| Bites without drawing blood | Jumps up on stranger | Bites with drawing blood | Barks                    |

4. How long is this dog typically left alone during the week? \_\_\_\_\_

Where is this dog when you leave him/her alone?

- Outside    Inside, Free Roaming    Inside, Crated

5. How does this dog behave when he/she is left alone (ex: sleeps, barks, chews on couch)?

6. Has this dog ever destroyed anything in the home?    YES    NO

If yes, what did this dog destroy?

7. Where is this dog when you are home?

- Outside    Inside, Free Roaming    Inside, Crated

8. What would you describe as this dog's bad habits?

9. What are this dog's favorite activities?

10. What are this dog's favorite treats?

11. What are this dog's favorite toys?

12. Has this dog ever ingested non-edible items such as socks, toys, etc?  YES  NO

If yes, how were the items removed from the animal? Please circle applicable answers:

Passed naturally

Surgery

Vet induced vomiting

Not sure

13. List below the veterinary practice(s) and clinic(s) that have seen this dog (or write NONE).

14. Please circle all behaviors you have observed when this dog goes to the vet:

Growls at other dogs in waiting room

Eats treats and appears relaxed

Has to be muzzled

Greets people in waiting room

Has bitten a vet or technician

Refuses to go in office

Greets other dogs in waiting room

Growls at vet or technician

Has been sedated for exam

Has been seen by a mobile vet

Has snapped at vet or technician

Has to be restrained

15. List below any **MEDICATIONS** or **SUPPLEMENTS** which this dog is currently taking (or write NONE).

16. List below any **SURGERIES** this dog has had (or write NONE).

17. List below any **CHRONIC CONDITIONS** such as ear infections, skin infections, etc. (or write NONE).

18. What **TYPE OF FOOD** does this dog eat? **HOW MUCH** is fed and **HOW OFTEN** do you feed?

19. What is this dog's **EATING STYLE**?

Eats it all at one time

Grazes throughout the day

Picky with eating

20. Circle any of these behaviors this dog has ever displayed while doing something he/she likes such as eating food, playing with toys, or relaxing with a favorite person.

Tenses body	Bites drawing blood	Shows teeth
Take special item and moves away	Goes towards person/animal while vocalizing	Bites without drawing blood
Growls	Gulps down food, treat or chews quickly	Stands over item
Snatches item from person/other animal	Keeps people/animals away from "their" person	Barks

21. Has this dog ever had a bath or their nails trimmed? If so, how does the dog respond?

22. Does this dog go for walks off your property? If so, how often does he/she go?

23. Please circle any of the gear listed below that this dog wears while walking.

Clip collar	Martingale collar	Prong collar	Electronic collar
Choke chain	Head halter	Body harness	Dog walks off leash

24. How many dog friends does this dog have? Please state breed and if they are male or female as well as if they are spayed/neutered (or write NONE).

25. Has this dog interacted with other dogs?  YES  NO

If you answered yes, please circle all behaviors you have observed when this dog interacts with another dog.

Ears back	Playbows	Wags tail
Puts mouth on dog leaving wet fur	Lowers body to the ground	Moves towards dog
Moves away from dog	Puts mouth on dog drawing blood	Chases
Hair stands up on back of neck or tail	Stiffens his/her body	Runs along a fence barking at passing dog
Wrestles	High pitched vocalization	Growls
Jumps over fence to get to passing dog	Sniffs urogenital area	Barks
Lifts lip and shows teeth	Avoids any interaction with dog	Stands with head over other dog's shoulder
Humps other dog	Tucks tail under body	Lies down/relaxes in presence of other dog
Sniffs environment/coexists with other dog	Plays with toys with other dog	Licks lips or yawns

26. Is there anything this dog is afraid of?  YES  NO

If yes, how does this dog react to the thing he or she is afraid of?

27. Please answer the following yes or no questions about **this dog and other animals**.

Has this dog been around cats?  YES  NO

Would you recommend that this dog live with cats?  YES  NO

Has this dog ever caused injury or death to a cat?  YES  NO

Has this dog been around small animals such as bunnies, guinea pigs, etc?  YES  NO

Would you recommend that this dog live with small animals?  YES  NO

Has this dog ever caused injury or death to a small animal?  YES  NO

Has this dog been around barn animals such as goats, chickens, horses?  YES  NO

Has this dog ever caused injury or death to barn animals?  YES  NO

Would you recommend that this dog live with barn animals?  YES  NO

28. If this dog is currently living with or has lived with any of the animals mentioned above, describe the relationship.

29. Does this dog know any commands or tricks such as “sit,” “down,” or “shake”?  YES  NO

If yes, what ones?

30. How does this dog react to riding in a car?

31. Describe the ideal home for this dog.

32. If this dog is a stray, how were you able to bring it to the Shelter?

Put a leash & collar on it       Picked it up       Corralled it in secure area       Other (explain below)

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33. How long have you seen this dog in the area where you found it? \_\_\_\_\_

Have you observed anyone interacting with it regularly?  YES  NO

Do you know who its owner may be? \_\_\_\_\_