

ONTONAGON COUNTY ANIMAL PROTECTION

19504 State Hwy M-38, Ontonagon, MI 49953
(906) 884-2500

DATE: _____

DOG INTAKE QUESTIONNAIRE

YOUR CONTACT INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

INFORMATION ABOUT YOUR DOG:

Name: _____ AGE: _____ DOB: _____

Circle one: Male / Female Neutered? Yes No

If neutered, when & by whom: _____

Breed: _____ Color: _____

Reason for seeking to surrender dog: _____

If surrendering a puppy / litter:

Breed of Mother: _____

Temperament of Mother: _____

Breed of Father: _____

Temperament of Father: _____

Current Vet: _____ Vet's Phone Number: _____

Date & Reason of last Vet visit: _____

How long have you owned the dog: _____

Where did you get the dog: _____

Where does the dog live? (circle one) Indoors Only Outdoors Only Both in & out

Explain any illness, injuries, or other health issues: _____

How does the dog let you know he/she needs to go outside? _____

How often does dog urinate in house? (circle one) Frequently Occasionally Rarely Never

How often does dog defecate in house? (circle one) Frequently Occasionally Rarely Never

When did this behavior start? _____

How have you tried to correct the behavior? _____

List any recent changes to your household/routine (new baby, move, new pet, illness, change in people in household): _____

List ages and genders of all people who have lived with the dog: _____

How does the dog react to strangers? _____

Would you describe dog as protective? (circle one) Yes No

List protective behavior: _____

Has dog had any obedience training? (circle one) Yes No

What commands does dog obey? (circle all that apply)

Sit Paw/Shake Down Stay Roll Over Fetch Drop it

Other: _____

Does dog walk well on leash? (circle one) Yes No Sometimes

Does dog ride well in a car? (circle one) Yes No Sometimes

Do you have a fenced yard? (circle one) Yes No
If yes, has dog ever: (circle one) Jumped over fence Dug under fence

Has dog ever gotten lost? (circle one) Yes No
If yes, describe: _____

How would you describe dog? (playful, stubborn, affectionate, calm, rough, etc.): _____

What are some of dog's favorite toys or activities? _____

What, if anything, is dog afraid of? _____

Is this dog good with children? (circle one) Yes No Some Unsure

Has the dog lived with children? (circle one) Yes No If yes, ages: _____

If the dog lived with children, how did the dog behave around the children (friendly, tolerant, playful, rambunctious, aggressive, nervous, shy, timid, gentle, too much for small children, etc.):

If you feel the dog should be placed with children, what ages would you recommend?

(check all that apply): Infants ____ Toddlers ____ 4+ ____ 8+ ____ 12+ ____ 15+ ____

Did the dog live with other dogs? (circle one) Yes No

If yes, list ages, breed & genders: _____

How does the dog behave with *your* other dogs? _____

How does the dog behavior towards *other* dogs? _____

Has the dog ever been taken to a dog park? (circle one) Yes No

Has this dog lived with a cat? (circle one) Yes No

If yes, how does the dog behave with the cat? _____

How many times has the dog bitten a person? _____

When did the bites occur? _____

Under what circumstances did the bites occur? _____

Is the dog crate trained? (circle one) Yes No

Do you still use the crate? (circle one) Yes No

Where is the dog when you are not home? (circle one)

Loose in the house Confined in the house Outside Other: _____

Is the dog destructive? (circle one) Frequently Occasionally Rarely Never

When is the dog destructive? (when left alone, thunderstorms, etc.): _____

What does the dog chew on? List all toys, household objects, furniture, etc.: _____

Does Dog sleep in bed with people? (circle one) Yes No

Does dog go up on couch/furniture? (circle one) Yes No

What is dog's current diet? _____

How often and at what times? _____

Does dog require any special medication or food? (circle) Yes No

If yes, describe: _____

Does dog growl if you try to take food/toys away or if you get too close? (circle one)

Always Occasionally Rarely Never

Describe: _____

Is dog sensitive to being touched? (circle) Unsure No Yes, on: _____

Is dog used to any of the following: (circle all that apply) Brushing Nails Clipped Bathing

Does dog bark a lot? (circle) Yes No Sometimes

If yes / sometimes, describe: _____

What type of home / family do you feel would be best for dog? _____

Do you think dog would do best in (circle all that apply):

House w/yard House w/o yard Condo/Apt Other: _____

What are dog's best qualities / habits? _____

What are dog's worst qualities / habits? _____

Please share anything else about dog (loves ears rubbed, likes belly scratched, needs to be put away when strangers come over, gets into garbage, jumps on people, etc): _____

Is dog (circle): More comfortable w/men More comfortable w/women Equally comfortable

Is dog best suited for (circle): First time adopter Experienced owner Anyone

Dog would do best in a home with some who (check one):

___ Is home most of the time	___ Is gone no more than 4 hours per day
___ Is gone no more than 6 hours per day	___ Is gone no more than 8 hours per day
___ 9-10 hour absence would be fine	___ Other: _____

What advice would you give the person / family that adopts dog? _____

Is dog current on Rabies Vaccination? (circle one) No Yes (date): _____

Is dog current on Distemper Vaccination? (circle one) No Yes (date): _____

Is dog current on Bordetella Vaccination? (circle one) No Yes (date): _____

When was date of last heartworm preventative? _____

I hereby attest that the information provided above is accurate to the best of my knowledge. I have not withheld any information regarding the dog's health, behavior, or temperament. I agree to make no future claims regarding this dog.

Signature: _____ Date: _____

Printed Name: _____

OCAP Signature: _____ Date: _____

Printed Name: _____

OCAP NOTES: _____
