

# Dog Guardian Questionnaire



Please tell us about your dog, giving as much detail as possible. **Please complete BOTH sides of this form.**

Dog's Name:		Date:
Breed/Breed Mix:		Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered?	If yes, at what age?      Where was this done?
How long has your dog lived with you?	Where did you get your dog?	
Why are you surrendering this dog?		
Has your dog had other guardians? <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes    If yes, how many?		

Who is your veterinarian? \_\_\_\_\_ City where located: \_\_\_\_\_

Describe current or past medical issues: \_\_\_\_\_

Does your dog require special medications, special diet, or have special needs? \_\_\_\_\_

What other pets has your dog lived with? \_\_\_\_\_

Please describe any conflicts or issues with these pets: \_\_\_\_\_

Number of adults in your household: \_\_\_\_ Number of children under 18: \_\_\_\_ Ages: \_\_\_\_

Please describe your dog's comfort level around children under the age of 10: Loves kids of all ages \_\_\_\_  
 Comfortable with my kids; less so with others \_\_\_\_ Not comfortable around young children \_\_\_\_ Don't know \_\_\_\_

How many hours is your dog routinely left alone? \_\_\_\_\_ How does your dog handle this? \_\_\_\_\_

Where does your dog spend the day?    In house    Outside    In/Out at Will    Other \_\_\_\_\_

Where does your dog spend the evening?    In house    Outside    In/Out at Will    Other \_\_\_\_\_

Where does your dog sleep at night?    Crate    Dog bed    Furniture    Other \_\_\_\_\_

Does your dog have access to an outside area?    Fenced yard    Deck    Patio    Other \_\_\_\_\_

Does your dog escape your house or yard? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

What causes your dog to bark?    Door bell    Other dogs    Strangers    Other \_\_\_\_\_

Has your dog's barking ever caused a problem?    No    Yes (describe) \_\_\_\_\_

Is your dog house trained? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

How does your dog react to riding in a car?    Likes it    Nervous    Don't know    Other \_\_\_\_\_

Is your dog comfortable with confinement in a crate?    No    Don't know    Yes - For how long? \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE OF QUESTIONNAIRE → → → →**

What type of training has your dog had? Home training Private training with a trainer Group classes  
None Other \_\_\_\_\_

What commands does your dog respond to? \_\_\_\_\_

Type of exercise your dog receives: \_\_\_\_\_ How often? \_\_\_\_\_

My dog likes to play with: Balls Squeaky Toys Tug Rope Frisbee Other \_\_\_\_\_

How does your dog react to cats it sees outdoors or in someone else's home? \_\_\_\_\_

How does your dog react to other dogs? My dog has other dog friends Friendly with other dogs  
Pulls leash to meet other dogs Uncomfortable meeting: \_\_\_ big \_\_\_ small \_\_\_ all dogs Barks at dogs  
Aggressive to: \_\_\_ big \_\_\_ small \_\_\_ all dogs Does not have interest in other dogs Don't know

How does your dog react to meeting strange people? Likes everybody Shy initially, but then okay  
Indifferent Fearful Aggressive Other \_\_\_\_\_

My dog is fearful of: Thunder Fireworks Vacuum cleaner Other \_\_\_\_\_

If your dog tends to guard (be aggressive around) any of the following, please describe the circumstances:

Food or chews \_\_\_\_\_

Toys \_\_\_\_\_

Family members \_\_\_\_\_

Property/fences \_\_\_\_\_

Car \_\_\_\_\_

Other pets \_\_\_\_\_

Have you spoken to a behaviorist or trainer about any problems with your dog? \_\_\_\_ If yes, when, where, and regarding what? \_\_\_\_\_

What type of discipline or correction do you use with your dog? \_\_\_\_\_

How does your dog respond when disciplined? \_\_\_\_\_

Has your dog ever bitten or snapped at any person? \_\_\_\_ If yes, please describe the circumstances: \_\_\_\_\_

What do you feed your dog? \_\_\_\_\_ How often? Once a day Twice a Day Free feed

Please check any of the following care-giving that you routinely do with your dog: Give baths Brush teeth  
Trim toenails Brushing or combing Massage Other \_\_\_\_\_

My dog is: Calm & quiet Energetic Playful Shy Affectionate Social & friendly  
Independent Confident Spooky Vocal Other \_\_\_\_\_

Other information you'd like to share: \_\_\_\_\_

Are you surrendering this animal for safety reasons? Yes \_\_\_ No \_\_\_

Please describe \_\_\_\_\_