

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 _____