

Date: _____

**NORTH SHORE ANIMAL LEAGUE DOG QUESTIONNAIRE
FOR THE SURVIVING PET CARE PROGRAM**

Please answer the following questions in regard to your pet (complete 1 form per pet). Your answers will help us to place your pet in the best possible home for its temperament. Please be specific.

Your Name: _____

Pet's Name and Breed: _____

DOB of Pet: _____ Pet's Age: _____ Time owned: _____

Did your pet come from North Shore Animal League America? If so, when? _____

Pet is: Male / Female (Please Circle one)

Veterinarian's Name _____ Veterinarian's Phone # _____

Is the pet altered? Please check one of the following:

Yes _____ No _____

Spayed _____ Neutered _____

Please explain your pet's daily schedule (feeding/exercising times, etc.)

Is your dog housebroken? Yes _____ No _____

Describe the routine. (Does the dog go for walks or just go in the backyard?)

Does your use wee-wee pads or your dog is paper-trained? _____

Is your dog crate-trained? Yes _____ No _____

How long does your dog spend in the crate each day? _____

Why does your dog go in the crate? _____

Where is your pet kept during the day?

____ Inside _____ Inside, but confined to _____

If confined, for how long _____

Where is the dog being confined?

____ In the garage _____ Inside with free run of the house

____ Inside behind a gate _____ Outside

____ Inside behind a closed-door _____ Inside and outside

____ Free to roam in and out as pleases through dog door

What type of food have you been feeding your pet? _____

What type of bowls does your dog eat or drink out of? _____

Does your dog like any type of treat? How often do you give treats?

Does your pet have any favorite type of toy or type of game that your pet likes to play?

Has your dog ever bitten :

Another dog? Yes _____ No _____ A cat or another animal? Yes _____ No _____

A child? Yes _____ No _____ An adult? Yes _____ No _____

If yes, was the dog reported to the police, health department or other government agency? _____

If the answer to any of the questions regarding biting is yes, please explain in detail, including information about whether the bite broke the skin, how many times this has happened and any other relevant circumstances _____

Is your dog destructive in any way? Yes _____ No _____

Please explain if yes. _____

Does your dog guard his/her food? Yes _____ No _____ Sometimes _____

Please explain if yes. _____

Does your dog guard his/her toys or bones? Yes _____ No _____ Sometimes _____

Please explain if yes. _____

Does your dog play rough? Yes _____ No _____ Sometimes _____

Please explain if yes. _____

Does your dog play bite? Yes _____ No _____ Sometimes _____

Please explain if yes. _____

Does your dog bark or howl? Yes _____ No _____ Sometimes _____

Please explain if yes. _____

How does your dog react to strangers or any new person he/she meets? Please describe any reaction the dog might have barking, growling, showing teeth, and other body language. _____

Does your dog prefer men or women better? _____

How would he/she react around men? _____

How would he/she react around women? _____

Are there any children in the house? Yes _____ No _____ Their ages? _____

How old is the YOUNGEST child this pet has been in contact with? _____

Was the dog raised with any children? Yes _____ No _____

How did the dog behave with these children? Did the dog tolerate the children?

How does your dog react to any stressful situations? _____

Has your dog been off leash with other dogs? How did he/she behave?

Has your dog been around any other animals? If so what were they?

What was the dog's reaction to these animals? Did it like them or dislike them?

How does this pet behave at the vet's office? Do you usually need to muzzle or sedate the pet for vet visits? _____

If the pet needed sedation for the visit, which sedative (drug) was used?

If you have a dog being placed in the Surviving Pet Care Program; list any commands or phrases the dog knows _____

Does your pet like car rides? _____

Is your pet afraid of anything? (Thunder, lightning, vacuum cleaner, etc.)

How is your pet with grooming? (Baths, ear cleaning, nail clipping, etc.)

My Pet would be Happiest in a Home with: Please check (3)

Children: Yes _____ No _____

Dog: Yes _____ No _____

Cat: Yes _____ No _____

My Pet would prefer a Home in the:

City _____ Suburbs _____

Do you have any other comments that would help us place your pet in the proper home?
