

My Dog's History



_____ spayed/neutered
 Dog's Name _____ Age _____ Gender _____

Breed(s) _____

Where did you get your dog?

Internet/Craigslist Newspaper Breeder/Pet Store
 Family/Friend Born at home Found Stray
 Other Shelter/Rescue CMHS Other: _____

Why have you decided to give up your dog? (*please explain further below)

Moving Not Housebroken Not Enough Time
 Your Health New Baby/Child Dog's Health/Age
 Biting* Behavior Issues* Issues w/ animals/people*

Veterinary History

_____ Vaccinations Current? **Yes** **No**
 Veterinarian/Clinic Name On Heartworm Preventative? **Yes** **No**

Please describe any known medical conditions including current medications your dog is taking: _____

Behavior

How does your dog react or respond to the following?

	Friendly	Shy	Aggressive	Neutral	Playful	Fearful	Rough	Unknown
Kids (0-9)								
Kids (10-18)								
Men								
Women								
Dogs								
Cats								
Livestock								

Please take a few moments to complete the following questions about your dog.

The information you provide will help CMHS place your dog in the home most appropriate for him or her, as well as help us provide your dog with appropriate health care while he or she is in our care.

We will provide a copy of this to potential new owners as well.

Comments:

Does your dog have any behavior issues that a potential adopter should be aware of?

Barking Jumping Nipping Scratching Gets on furniture
 Too needy Destructive Fearfulness Very active Other (explain)

Other: _____

Does your dog have separation anxiety? **Yes** **No** Diagnosed by: **Veterinarian / Trainer / Self**

If yes, please explain: _____

Do you consider your dog housetrained? **Yes** **No** Do you consider your dog crate trained? **Yes** **No**

If no, please explain: _____

Does your dog have any areas it DOESN'T like to be touched?

Face/Head Ears Neck Feet Tail Stomach Other: _____

Does your dog bite or growl when you touch their food, toys or treats? **Yes** **No**

If yes, please explain: _____

Environment

When you are **home** where does your dog spend most of its time?

When you are **away** where does your dog spend most of its time?

Home	Location	Away
<input type="checkbox"/>	Inside loose	<input type="checkbox"/>
<input type="checkbox"/>	In a crate	<input type="checkbox"/>
<input type="checkbox"/>	Outside in a fenced yard*	<input type="checkbox"/>
<input type="checkbox"/>	Outside loose*	<input type="checkbox"/>
<input type="checkbox"/>	Doggie Daycare/Boarding	<input type="checkbox"/>
<input type="checkbox"/>	Tethered by chain, tie out	<input type="checkbox"/>
<input type="checkbox"/>	Outdoor pen/kennel	<input type="checkbox"/>

***If your dog spends time in a fenced yard:**

Type: _____ Height: _____

***If your dog spends time outside, does it:**

Dig Whine/Bark Scratch at door Escape (explain): _____

Has your dog ever lived with: Kids (ages: _____) Cats Dogs Livestock

Playtime/Exercise

How often are you able to spend time interacting with your dog?

Daily Every few days Weekly Every few weeks Monthly No time

Where?

Public park
 Dog park
 Backyard
 On walks

With whom?

Just me
 Children
 Adults
 Other pets

Favorite toys?

Squeaky
 Stuffed
 Balls
 Tugs

Type of play?

Gentle
 Casual/Easy
 Fun/Active
 Rough

Activity?

Petting
 Fetch/Chase
 Car rides
 Cuddling

Other: _____

How does your dog walk on a leash?

Loose/Easy Pulls frequently Struggles/Tight Working w/ trainer Never tried

What type of situation would be ideal for your dog?

Staying at home with owner Being around people all the time Running in the yard
 Laying in someone's lap all day Having other dogs to play with Playing w/ an active family
 Running/hiking w/ someone Going on adventures every day Herding/farm work

What do you enjoy most about your dog?

What would you change about your dog?

Additional information that could be helpful to a new owner.