



Animal Code # _____

🐾 Dog Owner Questionnaire 🐾

Dogs can't talk, so they can't tell us where or with whom they would like to live. To ensure that their home is a safe, happy and appropriate place for *your* dog to live, we need you to fill out this form in as much detail as possible. Detail and honest information from you is crucial to our placement process, so please take the time to fill in this profile with care and accuracy.

Undesirable behaviors and medical issues do not necessarily create problems in placement, however, not disclosing those problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your dog and the new adopting family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our helpful staff members about the issue.

Has your dog bitten anyone or any animal in the last ten (10) days? Yes No
 Has your dog ever bitten anyone or another animal and drawn blood? Yes No
 If yes to either question, stop and inform staff.

General Information

Shelter Arrival Date: _____

Dog's Name: _____ Dog's age or approximate age: _____

Dog's Sex: Male Female Unsure

Is dog spayed/neutered? Yes No Unsure

What kind of I.D. does your dog have? Tattoo (If so, where is it located) _____
 Microchip (If so, what brand?) _____

History

Why are you surrendering your dog? _____

If surrender reason is behavioral, please explain: _____

If we could help you resolve this issue would you be interested in keeping the dog? _____

Have you tried to find a home for this dog on your own? Yes No

If so, how did you go about this? _____

Have you contacted any breed-specific rescue groups for help in re-homing your dog? Yes No

How long have you owned your dog? _____

Including yours, how many homes has this dog had? _____

Where did you acquire this dog? From BFHS Another shelter Breeder Pet Store
 Born in my home Newspaper Ad Friend/relative Found as a stray**
 Other _____

**If found as a stray, did you meet your county stray requirements for rehoming? Yes No

Lifestyle & Home Life

Please check all the animals that the dog has **lived** with: *(check all that apply)*

- Male dogs Female dogs Small animals (what kind?) _____
 Male cats Female cats Farm animals (what kind?) _____
 Other (please explain) _____

Describe the dog's behavior around **other dogs**. *(check all that apply)*

- Never been around dogs Adores other dogs Friendly/playful
 Incompatible with all dogs Bossy Frightened
 Ignores or is indifferent Gentle/submissive Roughhouses
 Incompatible with same sex dogs Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? Yes No
If no, please explain: _____

Describe the dog's behavior around **cats**. *(check all that apply)*

- Never been around cats Respectful Friendly/playful
 Has killed a cat Frightened of cat
 Ignores or is indifferent Gentle Chases for fun
 Chases to harm Other (please explain) _____

Would you recommend placing this dog in a home with cats? Yes No
If no, please explain: _____

Where was the dog when no human members of your family were at home?

- Free run of the house Crated In fenced yard
 In garage or basement Confined to kitchen/bathroom
 Outside on chain or runner Electronic Pet Containment (what type) _____
 Other (please explain) _____

How many hours a day was the dog kept outside?

- None Less than an hour 1-2 hours
 3-4 hours More than 5 hours Lived outdoors
 Allowed inside only at night Other (please explain) _____

Explain how your dog was confined to your property when outside:

- Fenced yard Electronic Pet Containment (what type) _____
 Tied out, chain or runner Kennel or enclosure Dog house
 Other (please explain) _____

If your dog was confined by a fence, how high was the fence? _____

If your dog was kept tied, did he/she ever do any of the following? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Sleep or sit quietly | <input type="checkbox"/> Dig | <input type="checkbox"/> Bark |
| <input type="checkbox"/> Annoy the neighbors | <input type="checkbox"/> Cry | <input type="checkbox"/> Howl |
| <input type="checkbox"/> Becomes tangled in chain or rope | <input type="checkbox"/> Shivers in cold weather | <input type="checkbox"/> Escape runner or tie out |
| <input type="checkbox"/> Climb or jump fences | <input type="checkbox"/> Slip collar | |
| <input type="checkbox"/> Pant or suffer heat exhaustion in hot weather | | |
| <input type="checkbox"/> Pace or exhibit other obsessive behaviors | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

When your dog was outside was he/she ever teased or bothered by people or other animals? Yes No

If yes, please explain: _____

Does your dog run after cars, bikes, or pedestrians? Yes No

If yes, what does the dog do when he/she gets to them? _____

If your dog did escape the fenced yard, where did it go? _____

Has your dog ever been kenneled at a(n): (check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Private boarding facility | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Animal Shelter |
|--|---------------------------------------|---|

How did your dog react to being boarded? _____

Where does the dog sleep at night? (check all that apply)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Loose inside house | <input type="checkbox"/> In garage | <input type="checkbox"/> Outside | <input type="checkbox"/> In child's room |
| <input type="checkbox"/> Confined to one room | <input type="checkbox"/> In adult's room | <input type="checkbox"/> On my bed | <input type="checkbox"/> On dog bed |
| <input type="checkbox"/> On couch or chair | <input type="checkbox"/> Crate | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Manners & Training

What training/performance activities did you participate in with your dog? (check all that apply)

- | | | | |
|---|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Obedience | <input type="checkbox"/> Agility | <input type="checkbox"/> Flyball | <input type="checkbox"/> Herding |
| <input type="checkbox"/> Therapy Dog Certification | <input type="checkbox"/> Fieldwork | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Please check the following if the dog has ever done any of the following:

- | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Adult family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Children family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her sleeping area | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People near his/her food | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| People in uniform | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Wildlife | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |
| Neighbors pets | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> Never |

Is this dog housetrained? Yes No Almost (started training)
 If no, please check all that apply: Dog urinates inside home daily Urinates inside home occasionally
 Defecates inside home daily Defecates in home occasionally
 Does your dog's housetraining accidents most often happen: (*check all that apply*)
 When dog is not closely supervised When dog is not kept on a schedule
 When dog is overexcited When dog signals to be let out and is ignored
 When dog is sleeping Other (please explain) _____

How have you dealt with this problem? (*check all that apply*)
 Consult vet or trainer Paper training Confined dog Kept dog outside
 Rubbed nose in it Yelled at dog Spanked dog Acted "mad" at dog
 Made dog feel guilty Blamed myself Read up on housetraining methods
 Other (please explain) _____

Can the dog be allowed off-leash **and come when called**? Yes No
 Did you crate train the dog? Yes No
 If yes, how long did the dog spend in the crate each day? _____

Can this dog be left alone in the house for 8 hours a day without issues? Yes No
 If no, why not? _____

Is the dog destructive if left alone inside the home? (*If yes, check all that apply*)
 Chews woodwork/walls Chews furniture Chews plants Chews clothing/shoes
 Chews paper or trash Chews toys/stuffed animals
 Chews on windows/doors Other (please explain) _____

Does the dog raid the trash or get into other similar mischief? Yes No

Will the dog "steal" unattended food and objects from tables/counters? Yes No
 If so, how have you handled this problem? _____

Please tell us about the **desirable** tricks and habits you have taught your dog to do: (*check all that apply*)
 Basic obedience commands Come when called Play fetch
 Walk on a loose leash Ride nicely in car Greet visitors politely
 Shake or similar cute trick Take treats gently Wait for food
 Get on & off furniture when asked
 Other (please explain) _____

What words does your dog understand?
 Sit Stay Down Heel Come Leave it
 Drop Wait Off Fetch Doesn't know any commands
 Other (please explain) _____

How often do you work with your dog on training?
 Everyday Several times per week Once a week or less Never

Please describe the reward system you use: _____

Is the dog permitted to sit and/or sleep on furniture? Yes No

Describe the dog's behavior in the car:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Loves it | <input type="checkbox"/> Hates it | <input type="checkbox"/> Tolerates it | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Afraid, but ok | <input type="checkbox"/> Calm | <input type="checkbox"/> Car sick | <input type="checkbox"/> Protective of car |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Dog never rides in car | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

How does the dog react to being handled or corrected by the collar? (*check all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Offers strong resistance | <input type="checkbox"/> Growls or barks | <input type="checkbox"/> Cowers or acts frightened |
| <input type="checkbox"/> Backs out of collar | <input type="checkbox"/> Lies down | <input type="checkbox"/> Acts calm and accepting |
| <input type="checkbox"/> Snaps or bites | <input type="checkbox"/> Yelps or cries | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Does the dog jump up on people when greeting them?

- Yes No

Is the dog constantly underfoot when food is present?

- Yes No

Does the dog beg at the table or in the kitchen?

- Yes No

If so, is this behavior rewarded with food?

- Yes No

Is the dog protective or possessive of any of the following? (*check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Of food (to other pets) | <input type="checkbox"/> Of toys (to other pets) | <input type="checkbox"/> Of his/her body |
| <input type="checkbox"/> Of food (to people) | <input type="checkbox"/> Of toys (to people) | <input type="checkbox"/> Of owner/family |
| <input type="checkbox"/> Of property | <input type="checkbox"/> Other (please explain) _____ | |

Please check all of the following that frighten this dog:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Babies or toddlers | <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> School-age children | <input type="checkbox"/> Strangers/visitors | <input type="checkbox"/> Water | <input type="checkbox"/> People in uniform |
| <input type="checkbox"/> Unpredictable children | <input type="checkbox"/> Vacuums | <input type="checkbox"/> Brooms | <input type="checkbox"/> Loud voices/yelling |
| <input type="checkbox"/> Thunder/lightening | <input type="checkbox"/> Car | <input type="checkbox"/> Erratic or sudden movement | |
| <input type="checkbox"/> Fireworks/loud noises | <input type="checkbox"/> Veterinarian/groomer | | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Are there any wonderful, special traits or habits that you would like his/her new family to know about?

Health & Grooming

Did the dog see a veterinarian on a regular basis (at least once a year)? Yes No

How did the dog react to going to vet? _____

Does the dog need to be muzzled at the vet?

- Yes No

Has this dog ever been hit by a car or required surgery?

- Yes No

If so, please explain: _____

Has this dog ever been diagnosed or treated for any of the following by a veterinarian? (*check all that apply*)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Heartworm disease | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Skin allergies | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Chronic ear/eye infections | <input type="checkbox"/> Lupus | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Entropion/ectropion eye | | | |
| <input type="checkbox"/> Other illness/condition? (please explain) _____ | | | |

Does your dog require any medication on a regular basis? _____

Does the dog allow you to clip his/her nails? Yes No

Does the dog like to be brushed? Yes No

Are there places on the dog's body he/she does not like being touched, brushed or petted? Yes No

If yes, please explain: _____

Has your dog ever been professionally groomed? Yes No

If so, how did the dog behave? _____

Diet, Exercise & Play

What **brand** of food did you feed? _____

How often did you feed, and how much? _____

Did you use: Dry food Wet food Combination of both

Is the dog fed scraps from the table or "people food"? Yes No

Does the dog receive "treats" on a regular basis? Yes No

If so, what kind? _____

Does your dog have any allergies or sensitivities to any grains or common food ingredients? Yes No

If so, which grains or ingredients? _____

What are the dog's favorite kinds of toys? (*check all that apply*)

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Shows no interest in toys | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Squeaky toys | <input type="checkbox"/> Plastic bottles |
| <input type="checkbox"/> Tennis ball/rubber ball | <input type="checkbox"/> Rope toys | <input type="checkbox"/> Shoes | <input type="checkbox"/> Rocks |
| <input type="checkbox"/> Plush/stuffed toys | <input type="checkbox"/> Sticks | <input type="checkbox"/> Children's toys | |
| <input type="checkbox"/> Other (please explain) _____ | | | |

What does your dog do with his or her toys? (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Carries toys around in mouth | <input type="checkbox"/> Shreds/tears them apart |
| <input type="checkbox"/> Tosses, chases or whips back and forth by himself | <input type="checkbox"/> Chews them |
| <input type="checkbox"/> Tosses, chases or plays tug-of-war with | <input type="checkbox"/> Retrieves for owner |
| <input type="checkbox"/> "Comfort" behavior (licking/cuddling) | <input type="checkbox"/> Buries or hides them |
| <input type="checkbox"/> Plays "keep away" | |
| <input type="checkbox"/> Other (please explain) _____ | |

What type of exercise does the dog get on a regular (several times a week, at least) basis?

- | | | |
|--|---|---|
| <input type="checkbox"/> Accompanies owner jogging | <input type="checkbox"/> Walking on leash | <input type="checkbox"/> Running on leash |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Dog park | <input type="checkbox"/> Vigorous play |
| <input type="checkbox"/> Plays with other dogs | <input type="checkbox"/> No exercise at all | <input type="checkbox"/> Plays with kids |
| <input type="checkbox"/> Plays with adults | <input type="checkbox"/> Agility or herding work | |
| <input type="checkbox"/> Accompanies owner walking or hiking | <input type="checkbox"/> Other (please explain) _____ | |

Describe your dog's play style with **people**. (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Plays gently | <input type="checkbox"/> Does not use teeth or body strength |
| <input type="checkbox"/> Plays roughly but stops when told | <input type="checkbox"/> Jumps and uses mouth in play |
| <input type="checkbox"/> Plays very physically | <input type="checkbox"/> Games quickly escalate out of control |
| <input type="checkbox"/> Prefers to chase | <input type="checkbox"/> Prefers fetch |
| <input type="checkbox"/> Just likes to hang | <input type="checkbox"/> No interest in playing with people |
| <input type="checkbox"/> Tends to herd | <input type="checkbox"/> Can play with more than one dog at a time |
| <input type="checkbox"/> Tends to nip | <input type="checkbox"/> Cannot play with more than one dog at a time |
| <input type="checkbox"/> Respectful – understands that I am in control | |
| <input type="checkbox"/> Other (please explain) _____ | |

Describe your dog's play style with **other dogs**. (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Plays chase with little or no body contact | <input type="checkbox"/> Plays hard with hip checks and body slams |
| <input type="checkbox"/> Herds or nips others to get them to move | <input type="checkbox"/> Adapts to whatever play style other dogs have |
| <input type="checkbox"/> Shares toys and plays quietly with other dogs | <input type="checkbox"/> Likes to play with dogs smaller than him |
| <input type="checkbox"/> Likes to play with dogs that are gentle | <input type="checkbox"/> Will play with all dogs |
| <input type="checkbox"/> Has to be in charge in play situation | <input type="checkbox"/> Barks constantly |
| <input type="checkbox"/> Hangs out with other dogs rather than play | <input type="checkbox"/> Does not enjoy playing with other dogs at all |
| <input type="checkbox"/> Other (please explain) _____ | |

Experiences with Children

If your dog has never lived with or regularly visited with children, you may skip forward to the next section.

Otherwise, please take the time to complete this section with accurate information so that we can make a safe and responsible placement with children in a new home. Your attention to detail is expected and appreciated.

Did your dog live with children **in your home**? Yes No
If so, what ages? _____

Would you recommend this dog live with children? Yes No
Describe why or why not: _____

Did your home have children as visitors on a regular basis? Yes No
If yes, what were the ages of the children? _____

Would you recommend this dog be placed in a home where children or grandchildren visit on a regular basis?
 Yes No

Were all interactions between dog and child(ren) supervised by an adult? Yes No
If yes, please explain: _____

In your opinion, what age children would live happily and safely with this dog? _____

Describe your **dog's** behavior around children. (check all that apply)

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Never been around children | <input type="checkbox"/> Friendly/playful | <input type="checkbox"/> Gentle | <input type="checkbox"/> Nervous/frightened |
| <input type="checkbox"/> Snappy at times | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Too active | <input type="checkbox"/> Adores children |
| <input type="checkbox"/> Watches over children | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Excited | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Actively avoids children | <input type="checkbox"/> Other (please explain) _____ | | |

Will the dog allow children to touch or handle food and water dishes without getting upset? Yes No

Does the dog try to take food from children when it is not offered? Yes No

Did your children regularly offer food/treats to the dog? Yes No

Will dog take treats offered by children gently? Yes No

Does the dog hover nearby when your child has food? Yes No
Have your children fed or watered your dog on a daily basis? Yes No
Does the dog accept being brushed or petted by children? Yes No

Will the dog accept "examination" by children younger than 6 years old (having ears lifted and tugged, having eyes touched, tail held or grabbed, fur "scrunched" or grabbed)? Yes No

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No
What was the dog's reaction? _____

Has your dog ever been walked by a child? Yes No
If yes, please describe the situation & frequency: _____

Please describe your dog's most likely reaction to the following happening around him/her:

A child running: _____

A child falling down: _____

A child jumping, hopping, etc.: _____

A child throwing a ball or toy: _____

A child yelling or shrieking: _____

A child swimming: _____

A child waving arms or other unexpected movements: _____

How will your dog react to a child approaching when he/she is sleeping? _____

Did your dog ever regularly sleep in a space accessible to children? _____

Is your dog possessive or guarded about where he/she sleeps? _____

Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her? _____

Pet Profile

Please take the time to fill out this form so we are able to update the animal's profile with more personal information!

I enjoy: (circle)

Agility	Being home alone	Car rides	Climbing	Digging	Fetch	Hiding
Quiet time	Running	Toys	Tug	Unknown	Walk	Water

I'm afraid of:

Being left alone	Cars on the street	Children	Loud noises/thunder	Men	Riding in cars	Uniforms
Unknown	Water	Women				

People describe me as:

Lap loving	Social butterfly	Mellow	Curious	Active	Playful	Loner
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Activity Level:

Low	Moderate	High
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Vocalization Level:

Low	Moderate	High
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Off Leash:

Unknown	Completely Reliable	Somewhat Reliable	Not at all Reliable	Not applicable
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Training History:

Unknown	None	Minimal	Some	Fully	Extensive
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Specific Known Commands:

