

Dog Admission Profile

Dog's Name _____

Breed _____ Age _____

Where did you get your dog? breeder pet shop humane society friend other _____

Sex: Male Female Has your dog been sterilized? Yes No

How long have you owned the dog? _____ Have you tried to re-home your dog? Yes No

How would you describe your dog's behavior most of the time? very active couch potato friendly to family friendly to visitors shy to family shy to visitors playful vocal quiet affectionate destructive _____ other
Is your dog housebroken? Yes No

If your dog is housebroken, is he/she? trained to go outside uses newspapers/pads other

How do you know your dog needs to relieve him/herself? _____

Does your dog ever have accidents? Yes No

If yes, how often? _____ possible reason? _____

Can your dog sit? stay? lay down? roll over? come when called? shake (give paw)? play dead?
_____ other?

Has your dog received any type of *formal* training? If so, where? _____

How often is your dog fed? _____

What type of food does your dog eat? dry canned _____ other

Specific brand(s) of food used most often? _____

Where is your dog kept most of the time? inside the house in a crate in a kennel _____ outside on chain in a fenced yard

Where does your dog sleep? _____

Does your dog like other dogs? yes no don't know

How many dogs has your dog been in contact with on a regular basis? _____

Has your dog ever been in a severe dog fight in which either dog was injured? yes no

If yes, please explain _____

Has the dog ever been in contact with cats? yes no

If yes, does the dog get along with cats? yes no

Has the dog ever been exposed to pets other than dogs/cats? yes no - If yes, please list _____

Has the dog ever been around children? yes no If yes, please give children's ages _____

Was the dog allowed to roam outside unattended? yes no

When you are gone, is your dog loose in the house? let outside? restricted to one or two rooms? tied out? crated?
other? _____

What types of toys does your dog enjoy? _____

In what ways do you exercise your dog? _____

How often do you exercise your dog? _____

What types of treats does your dog enjoy? _____

Has your dog ever bitten anyone? ___yes ___ no - If yes, please explain _____

Does your dog ___jump on people ___tear up household furnishings ___raid the trash can ___bark at strangers ___guard his/her property ___growl when you try to take food or toys away

What does your dog enjoy doing? _____

Is your dog accustomed to ___bathing ___nail clipping ___ear cleaning ___brushing/combing

Is your dog leash trained? ___ Yes ___ No

Does your dog have any medical problems that you are aware of? ___ yes ___ no

If yes, please explain _____

Is your dog current on its vaccinations? ___ yes ___ no

If so, which vaccinations were given? _____ when? _____

Rabies? ___ yes ___ no – when? _____ where? _____

Has your dog been tested for heartworms? ___ yes ___ no; Currently on heartworm preventative? ___yes ___no

Is your dog on flea treatment? ___ yes ___ no - Specific product applied? _____ date? _____

Where did your dog receive veterinary care from? _____

Whose name is the record in? _____

Have you ever boarded your dog? ___yes ___ no - If yes, where? _____

What, if any, behavioral problems does the dog have? Have you sought assistance in correcting any behavior problems? ___Yes ___No

How do you correct your dog when he/she misbehaves?

What are the two things you like most about your dog?

1. _____

2. _____

What are two things you dislike most about your dog?

1. _____

2. _____

Why are you surrendering your dog to the R-H SPCA?

What would have to happen for you to keep the dog?

By leaving your dog with us, you understand your dog may be euthanized if no appropriate home can be found.

Signed: _____ Date: _____