Dog Owner Questionnaire

Animal Care & Control
5595 S. Pacific Hwy
Phoenix OR 97535
541-774-6654
Fax: 541-774-6607
www.co.jackson.or.us

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 your 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? ______________________

Dogs can’t talk, so they can’t tell us where or whom they would like to live with. 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 out 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.
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?  □ This shelter  □ Another shelter  □ Breeder
□ Found as a stray  □ Newspaper Ad  □ Friend/relative  □ Pet Store
□ Born in my home  □ Other______________________________________________________________

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
□ Aggressive with all dogs  □ Bossy  □ Frightened
□ Ignores or is indifferent  □ Gentle/submissive  □ Roughhouses
□ Aggressive 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
□ Aggressive  □ Has killed a cat  □ Frightened
□ Ignores or is indifferent  □ Gentle/submissive  □ 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 kept tied, did he/she ever do any of the following? (Check all that apply)

- [ ] Sleep or sit quietly
- [ ] Dig
- [ ] Bark
- [ ] Annoy the neighbors
- [ ] Cry
- [ ] Howl
- [ ] Becomes tangled in chain or rope
- [ ] Shivers in cold weather
- [ ] Escape runner or tie out
- [ ] Climb or jump fences
- [ ] Slip collar
- [ ] Pant or suffer heat exhaustion in hot weather
- [ ] Pace or exhibit other obsessive behaviors
- [ ] 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: (check all that apply)

- [ ] Private boarding facility
- [ ] Veterinarian
- [ ] Animal Shelter

How did your dog react to being boarded? ____________

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

- [ ] Loose inside house
- [ ] In garage
- [ ] Outside
- [ ] In child’s room
- [ ] Confined to one room
- [ ] In adult’s room
- [ ] On my bed
- [ ] On dog bed
- [ ] On couch or chair
- [ ] Crate
- [ ] Other (please explain) ____________

Manners & Training

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

- [ ] Obedience
- [ ] Agility
- [ ] Flyball
- [ ] Herding
- [ ] Therapy Dog Certification
- [ ] Fieldwork
- [ ] Schutzhund
- [ ] Other (please explain) ____________

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

- Adult family members
- Children family members
- Strangers at door
- Visiting adults
- Visiting children
- Vet or groomer
Please check the following if the dog has ever done any of the following:

- People near his/her sleeping area
  - Growled
  - snapped
  - Bitten
  - Never
- Pedestrians
  - Growled
  - snapped
  - Bitten
  - Never
- People near his/her food
  - Growled
  - snapped
  - Bitten
  - Never
- People in uniform
  - Growled
  - snapped
  - Bitten
  - Never
- Wildlife
  - Growled
  - snapped
  - Bitten
  - Never
- Neighbors pets
  - Growled
  - snapped
  - Bitten
  - 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 when: (check all that apply)
- When dog is not closely supervised
- When dog is overexcited
- 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 yourself
- 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

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
- Spanked dog
- Shake or similar cute trick
- Take treats gently
- Wait for food
- Greet visitors politely
- 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:
- Loves it
- Hates it
- Tolerates it
- Nervous
- Afraid, but ok
- Calm
- Car sick
- Protective of car
- Destructive
- Dog never rides in car
- Other (please explain)

How does the dog react to being handled or corrected by the collar? (check all that apply)
- Offers strong resistance
- Growls or barks
- Cowers or acts frightened
- Backs out of collar
- Lies down
- Acts calm and accepting
- Snaps or bites
- Yelps or cries
- 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)
- Of food (to other pets)
- Of toys (to other pets)
- Of his/her body
- Of food (to people)
- Of toys (to people)
- Of owner/family
- Of property
- Other (please explain)

Please check all of the following that frighten this dog:
- Babies or toddlers
- School-age children
- Unpredictable children
- Thunder/lightening
- Fireworks/loud noises
- Other (please explain)
- Men
- Women
- Teenagers
- Strangers/visitors
- Water
- People in uniform
- Vacuums
- Brooms
- Loud voices/yelling
- Car
- Erratic or sudden movement
- Veterinarian/groomer

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?  

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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: 

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

- [ ] Heartworm disease  
- [ ] Lyme disease  
- [ ] Heart murmur  
- [ ] Tumors  
- [ ] Epilepsy or seizures  
- [ ] Skin allergies  
- [ ] Thyroid disease  
- [ ] Arthritis  
- [ ] Environmental allergies  
- [ ] Irritable bowel  
- [ ] Hip Dysplasia  
- [ ] Separation anxiety  
- [ ] Chronic ear/eye infections  
- [ ] Lupus  
- [ ] Cancer  
- [ ] Cataracts  
- [ ] Entropian/ectropian eye  
- [ ] Other illness/condition? (Please explain)

Does your dog require any medication on a regular basis?  

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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: 

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Has your dog ever been professionally groomed?  
- [ ] Yes  
- [ ] No

If so, how did the dog behave?  

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**Diet, Exercise & Play**

What brand of food did you feed?  

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How often did you feed, and how much?  

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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?  

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

If so, which grains or ingredients?  

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

- [ ] Shows no interest in toys  
- [ ] Frisbee  
- [ ] Squeaky toys  
- [ ] Plastic bottles  
- [ ] Tennis ball/rubber ball  
- [ ] Rope toys  
- [ ] Shoes  
- [ ] Rocks  
- [ ] Plush/stuffed toys  
- [ ] Sticks  
- [ ] Children’s toys  
- [ ] Other (please explain)
What does your dog do with his or her toys? (check all that apply)

- Carries toys around in mouth
- Tosses, chases or whips back and forth by himself
- Tosses, chases or plays tug-of-war with
- “Comfort” behavior (licking/cuddling)
- Plays “keep away”
- Other (please explain)

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

- Accompanies owner jogging
- Walking on leash
- Running on leash
- Swimming
- Dog park
- Vigorous play
- Plays with other dogs
- No exercise at all
- Plays with kids
- Plays with adults
- Agility or herding work
- Accompanies owner walking or hiking
- Other (please explain)

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

- Plays gently
- Plays roughly but stops when told
- Plays very physically
- Prefers to chase
- Just likes to hang
- Tends to herd
- Tends to nip
- Respectful – understands that I am in control
- Other (please explain)

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

- Plays chase with little or no body contact
- Herds or nips others to get them to move
- Shares toys and plays quietly with other dogs
- Likes to play with dogs that are gentle
- Has to be in charge in play situation
- Hangs out with other dogs rather than play
- Plays hard with hip checks and body slams
- Adapts to whatever play style other dogs have
- Likes to play with dogs smaller than him
- Will play with all dogs
- Barks constantly
- Does not enjoy playing with other dogs at all
- 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 of children would live happily and safely with this dog?  

Describe your dog’s behavior around children. (Check all that apply)

☐ Never been around children  ☐ Friendly/playful  ☐ Gentle  ☐ Nervous/frightened
☐ Snappy at times  ☐ Aggressive  ☐ Too active  ☐ Adores children
☐ Watches over children  ☐ Indifferent  ☐ Excited  ☐ Unpredictable
☐ Actively avoids children  ☐ 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 child regularly offer food/treats to the dog?  ☐ Yes       ☐ No

Will dog take treats offered by child 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 by children’s hands)?  ☐ 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? __________________________________________________________

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