

## **Dog Owner Questionnaire**

Animal Care & Control  
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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.

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? \_\_\_\_\_

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?  
 Found as a stray       This shelter       Another shelter       Breeder  
 Born in my home       Newspaper Ad       Friend/relative       Pet Store  
 Other \_\_\_\_\_

### **Lifestyle & Home Life**

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

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

- Sleep or sit quietly
- Annoy the neighbors
- Becomes tangled in chain or rope
- Climb or jump fences
- Pant or suffer heat exhaustion in hot weather
- Pace or exhibit other obsessive behaviors
- Other (please explain) \_\_\_\_\_
- Dig
- Cry
- Shivers in cold weather
- Slip collar
- Bark
- Howl
- Escape runner or tie out

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: (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
- Confined to one room
- On couch or chair
- Other (please explain) \_\_\_\_\_
- In garage
- In adult's room
- Crate
- Outside
- On my bed
- In child's room
- On dog bed

### Manners & Training

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

- Obedience
- Therapy Dog Certification
- Other (please explain) \_\_\_\_\_
- Agility
- Fieldwork
- Flyball
- Schutzhund
- Herding

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 |

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

- |                                   |                                  |                                  |                                 |                                |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|
| 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Dog urinates inside home daily | <input type="checkbox"/> Urinates inside home occasionally |
| <input type="checkbox"/> Defecates inside home daily    | <input type="checkbox"/> Defecates in home occasionally    |

Does your dog's housetraining accidents most often happen when: (*check all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> When dog is not closely supervised | <input type="checkbox"/> When dog is not kept on a schedule            |
| <input type="checkbox"/> When dog is overexcited            | <input type="checkbox"/> When dog signals to be let out and is ignored |
| <input type="checkbox"/> When dog is sleeping               | <input type="checkbox"/> Other (please explain) _____                  |

How have you dealt with this problem? (*Check all that apply*)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Consult vet or trainer       | <input type="checkbox"/> Paper training  | <input type="checkbox"/> Confined dog                     | <input type="checkbox"/> Kept dog outside   |
| <input type="checkbox"/> Rubbed nose in it            | <input type="checkbox"/> Yelled at dog   | <input type="checkbox"/> Spanked dog                      | <input type="checkbox"/> Acted "mad" at dog |
| <input type="checkbox"/> Made dog feel guilty         | <input type="checkbox"/> Blamed yourself | <input type="checkbox"/> Read up on housetraining methods |   |
| <input type="checkbox"/> 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*)

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Chews woodwork/walls   | <input type="checkbox"/> Chews furniture              | <input type="checkbox"/> Chews plants | <input type="checkbox"/> Chews clothing/shoes |
| <input type="checkbox"/> Chews paper or trash   | <input type="checkbox"/> Chews toys/stuffed animals   |                                       |   |
| <input type="checkbox"/> Chews on windows/doors | <input type="checkbox"/> 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*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Basic obedience commands     | <input type="checkbox"/> Come when called                  | <input type="checkbox"/> Play fetch    |
| <input type="checkbox"/> Walk on a loose leash        | <input type="checkbox"/> Ride nicely in car                | <input type="checkbox"/> Spanked dog   |
| <input type="checkbox"/> Shake or similar cute trick  | <input type="checkbox"/> Take treats gently                | <input type="checkbox"/> Wait for food |
| <input type="checkbox"/> Greet visitors politely      | <input type="checkbox"/> Get on & off furniture when asked |  |
| <input type="checkbox"/> 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       Men       Women       Teenagers  
 School-age children       Strangers/visitors       Water       People in uniform  
 Unpredictable children       Vacuums       Brooms       Loud voices/yelling  
 Thunder/lightening       Car       Erratic or sudden movement  
 Fireworks/loud noises       Veterinarian/groomer  
 Other (please explain) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## Health & Grooming

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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

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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 of 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 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? \_\_\_\_\_



