



# Monmouth County SPCA & Homeward Bound Adoption Center

## **Incoming Dog Profile**

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you.

Because your dog is likely to behave in similar ways in their new home, this information will help us find the most suitable home for your dog and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

## Canine Surrender Profile

DATE: \_\_\_\_\_

ANIMAL ID#: \_\_\_\_\_

Please take as much time as needed to fill out this form as accurately and honestly as possible. This information will help us find the best match for your dog. The more information you are able to provide, the better we can care for your dog and find that match. ***If you have a copy of your dog's medical records, please give them to the admissions counselor.*** Thank You!

Why are you unable to keep this dog? \_\_\_\_\_

\_\_\_\_\_

### Dog Information

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Neutered/Spayed?  Yes  No List any current illness/injury: \_\_\_\_\_

Name of Vet Clinic: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

\*Is your dog currently on any medications?  Yes  No If yes, please list them:

\_\_\_\_\_

\*Is your dog current on vaccinations (rabies, distemper/parvo)?  Yes  No If yes, please provide proof of vaccination at surrender.

How long have you owned this dog? \_\_\_\_\_

Has this dog had other homes before yours? \_\_\_\_\_

Where did you get this dog?  This Shelter/Rescue  Another Shelter/Rescue Group  Breeder Pet Store  Newspaper  Friend  Found  Other: \_\_\_\_\_

### Behavior with Humans

Please list the ***Age and Gender*** of people living with this dog: \_\_\_\_\_

How does your dog react to/interact with the following individuals:

Familiar adults: \_\_\_\_\_

\*Unfamiliar adults: \_\_\_\_\_

Familiar children (under 10): \_\_\_\_\_

\*Unfamiliar children (under 10): \_\_\_\_\_

Unfamiliar people (guests) entering your home: \_\_\_\_\_



\*Veterinary Technicians/Veterinarians at the vet office: \_\_\_\_\_

Is there any part of your dog's body he/she does not like touched? \_\_\_\_\_

Does your dog allow restraint for medical procedures?  Yes  No

If no, what does he/she do?  Struggles/Attempts to Escape  Cowers  Urinates/Defecates

Growls/Snarls  Attempts to Bite  Other: \_\_\_\_\_

\*Has your dog ever growled, snarled, lunged, or attempted to bite a human?  Yes  No

\*If yes, please describe the situation, including how long ago this occurred: \_\_\_\_\_

What training have you completed with your dog?  Group Classes  Private Training Sessions

Board & Train  None

Which trainer/training facility did you work with? \_\_\_\_\_

\*What equipment do you use to train your dog?  Regular collar  Choke Chain  Prong Collar

Shock Collar  Head Halter  Harness (back clip)  Harness (front clip)  Clicker

Other: \_\_\_\_\_

### **Behavior with Other Animals**

Please list the species, age and gender of any other animals your dog has lived with (example: 10-year-old neutered male cat):

\_\_\_\_\_

How does your dog react to the following individuals:

Dogs living in the household: \_\_\_\_\_

Familiar dogs outside the household: \_\_\_\_\_

\*Unfamiliar dogs: \_\_\_\_\_

Cats living in the household: \_\_\_\_\_

\*Unfamiliar cats: \_\_\_\_\_

Birds or other small caged animals: \_\_\_\_\_

Livestock: \_\_\_\_\_

\*Has your dog ever growled, snarled, lunged, attempted to bite another animal?  Yes  No

**If yes**, please describe the situation including how long ago this occurred:

\_\_\_\_\_

# IAABC

INTERNATIONAL ASSOCIATION OF ANIMAL BEHAVIOR CONSULTANTS

SHELTER DIVISION

iaabc.org

**General Behavior**

Is your dog housetrained?  Yes  No **If yes**, how does he/she tell you they need to go outside? \_\_\_\_\_

Is your dog crated trained?  Yes  No **If yes**, what type of crate does your dog use?  Wire  
 Plastic Vari-Kennel  Other

Does your dog like to chew?  Yes  No What does your dog like to chew? \_\_\_\_\_

\*What does your dog do if you try to take an item away from him/her? \_\_\_\_\_

What does your dog do when you approach him/her while they are eating? \_\_\_\_\_

Where is your dog when you're home?  Outside-Fenced Yard/Kennel  Outside -Tied Out

Confined in room/garage/basement  Crate/Xpen/Kennel  Other: \_\_\_\_\_

\*Where is your dog when you are not home?  Outside-Fenced Yard/Kennel  Outside -Tied Out

Crate/Xpen  Confined in room/garage/basement  Other: \_\_\_\_\_

How many hours per day is your dog home alone?  0-4 hours  5-8 hours  8-12 hours

More than 12 hours

Has your dog ever escaped from your home/yard?  Yes  No **If yes**, how did he/she escape? \_\_\_\_\_

\*Is your dog afraid of any of the following?  Men  Women  Children  Strangers

Loud Noises  Thunderstorms  Water  Dogs  Cats  Other Animals

People in Uniform  Other: \_\_\_\_\_

How does your dog behave when he/she is afraid? \_\_\_\_\_

Any other information you would like to share with us about your dog that may help us find a good match?

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

Courtesy of Miranda K. Workman, MS, CABC

