

Shelter use only  
Branch location: \_\_\_\_\_  
Collected by: \_\_\_\_\_  
Dog ID: \_\_\_\_\_

Cape Ann Animal Aid  
4 Paws Lane, Gloucester, MA 01930  
www.CapeAnnAnimalAid.org

## 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 his 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 \_\_\_\_\_

### CONTACT INFORMATION:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

 Questions marked by paw print are necessary to complete the Behavioral History section on the Match-Up II Shelter Dog Rehoming Program.

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# Incoming Dog Profile

## Dog and Household Information

1. Dog's name \_\_\_\_\_ 2. Sex  Male  Female 3. Age years \_\_\_\_\_ months \_\_\_\_\_
4. Breed \_\_\_\_\_ 5. How long have you had this dog? years \_\_\_\_\_ months \_\_\_\_\_
6. Is the dog spayed or neutered?  
 Yes  No
7. Your relationship to dog?  
 Owner  Friend/caretaker  Foster owner  Other \_\_\_\_\_
8. Where did you get this dog from?  
 This shelter  Friend/relative  Newspaper/web site  Found/stray  Breeder  Pet store  
 Other shelter/rescue (please write name) \_\_\_\_\_  
 Other (please describe) \_\_\_\_\_
9. Why are you giving up this dog? \_\_\_\_\_
10. Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

11. What other animals did your dog live with?  
 No other animals in household  Dogs  Cats  Other (Please describe) \_\_\_\_\_

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## Typical Behavior

(Your dog's **usual** behavior)

12. How does your dog **usually** behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

 13. Does your dog **usually** uncontrollably chase or attempt to chase any of the following? Please check all that apply.

- Joggers    Bicycles    Skateboarders/roller bladers    Cars/motorcycles  
 Outdoor cats    Squirrels or other small animals    Birds    Doesn't chase  
 Other (please describe) \_\_\_\_\_

14. How does your dog **usually** react when you or another family member does the following? Please check boxes.

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

15. How does your dog **usually** react when an unfamiliar person approaches or enters the yard or house?

- Friendly    Afraid    Barks    Shows teeth/growls    Snaps    Bites    None of these

16. Do you take your dog out to go to the bathroom?

- Yes (please specify how many times per day) \_\_\_\_\_    No/paper trained

17. Does your dog **usually** have "accidents" in the house?

- Yes (please specify how many times per day) \_\_\_\_\_    No

18. Where does your dog spend most of his/her time?

- Inside the house, runs free    Inside the house, in cage    Outside the house, runs free in the neighborhood  
 Outside the house, runs free in the yard    Outside the house, in cage    Outside the house, tied  
 Other (Please describe) \_\_\_\_\_

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19. How long is your dog left alone, without people, during the week?

- Never  1-3 hours  4-8 hours  9-12 hours  Over 12 hours

20. When your dog is left alone, is he/she...

- Outdoors  Free in home  Confined to a room  In a cage  Other (Please describe) \_\_\_\_\_

 21. When left alone, does your dog **usually** show any of the following behaviors? Please check all that apply.

- Destroy household items  Urinate/defecate  Bark  Cry  None of these

22. When you are home, does your dog **usually** show any of the following behaviors? Please check all that apply.

- Destroy household items  Urinate/defecate  Bark  Cry  None of these

23. When your dog plays, does he/she typically... Please check all that apply.

- Jumps  Growls  Barks  Bites lightly  Bites hard  None of these

24. What toys does your dog like?

- Balls  Frisbee  Plush  Squeaky  Tug Toy  None  Other (Please describe) \_\_\_\_\_

25. What games does your dog like?

- Fetch  Tug  Chase  Wrestling  None  Other (Please describe) \_\_\_\_\_

26. Is your dog scared of anything?

- Yes (Please describe) \_\_\_\_\_  
 No

27. Please tell us your dog's "bad habits" – \_\_\_\_\_

28. Is your dog allowed on furniture?  Yes  No

29. Where does your dog **usually** sleep overnight?

- Cage  Floor  Dog bed  Couch  Owner's bed  Other (Please describe) \_\_\_\_\_

30. What commands does your dog know?

- No commands known  Sit  Stay  Down  Come  Heel  Give paw  
 Other (Please describe) \_\_\_\_\_

31. Has your dog attended any obedience training classes?  Yes  No

32. Has your dog ever been walked on the leash?  Yes  No

33. Does your dog have problems riding in the car?

- Yes (Please describe) \_\_\_\_\_  
 No  Don't know





 34. Has your dog escaped your property 2 or more times in the last 6 months?

- Yes (Please describe) \_\_\_\_\_  
\_\_\_\_\_  
 No




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# Aggressive Behavior

(Behavior that has **ever** happened)

-  36. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?  
 Yes  No  Don't know
-  37. Has your dog ever attacked another dog resulting in severe injury or death to another dog?  
 Yes  No  Don't know
-  38. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?  
 Yes  No  Don't know
-  39. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men					
Women					
Children					
Dog					
Other domesticated animal species (cat, livestock, etc.)					

-  40. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain?  Yes  No
-  41. If snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain?  Yes  No
-  42. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

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-  43. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. If does not apply, skip the table.

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward dog?						

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# Medical History

44. Does your dog see a veterinarian at least once a year?  Yes  No

45. If "yes", please specify the veterinarian name and contact info:

Veterinarian Name \_\_\_\_\_ Contact info \_\_\_\_\_

 46. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/ growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

47. Does your dog have to be muzzled at the veterinarian?  Yes  No

48. Does your dog have any past or present medical conditions?

Yes (Please describe) \_\_\_\_\_

No

49. Is your dog currently on any medication or special diet?

Yes (Please describe) \_\_\_\_\_

No

50. What type of food does your dog eat? (Please check all that apply)

Dry  Wet/canned  Table scraps

Please feel free to tell us any additional helpful comments.

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FOR OFFICE USE ONLY:

[ ] Appropriate fit for CAAA Adoption Program

[ ] Not appropriate fit for CAAA Adoption Program

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