

Shelter use only

Branch location: \_\_\_\_\_

Collected by: \_\_\_\_\_

Dog ID: \_\_\_\_\_

Please write your organization name & address

Bloomington Animal  
Care & Control  
3410 S. Walnut St.  
Bloomington, IN 47403

## 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 \_\_\_\_\_



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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### 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 |
|-------------------------------|-----------------|----------|--------|--------------------|-------|-------|---------------|
| <b>People your dog knows</b>  |                 |          |        |                    |       |       |               |
| Men                           |                 |          |        |                    |       |       |               |
| Women                         |                 |          |        |                    |       |       |               |
| Children                      |                 |          |        |                    |       |       |               |
| <b>Unfamiliar people</b>      |                 |          |        |                    |       |       |               |
| Men                           |                 |          |        |                    |       |       |               |
| Women                         |                 |          |        |                    |       |       |               |
| Children                      |                 |          |        |                    |       |       |               |
| <b>Animals your dog knows</b> |                 |          |        |                    |       |       |               |
| Dogs                          |                 |          |        |                    |       |       |               |
| Cats                          |                 |          |        |                    |       |       |               |
| <b>Unfamiliar animals</b>     |                 |          |        |                    |       |       |               |
| 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/<br>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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