

# HUMANE SOCIETY

## OF PORT JERVIS & DEERPARK



### DOG OWNER QUESTIONNAIRE

CASE NUMBER: \_\_\_\_\_

DOG NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F SPAY/NEUTER: Y N

HOUSEBROKEN? YES NO

DOES YOUR DOG HAVE A VETERINARIAN? YES NO

IF YES, VETERINARIAN NAME: \_\_\_\_\_

VETERINARIAN LOCATION: \_\_\_\_\_

WHY ARE YOU GIVING UP THIS DOG? \_\_\_\_\_  
\_\_\_\_\_

HOW LONG DID YOU OWN THIS DOG? \_\_\_\_\_

WHERE DID YOU GET THIS DOG? \_\_\_\_\_

WHAT DOES THE DOG EAT? \_\_\_\_\_

DOG'S FAVORITE GAMES / TOYS? \_\_\_\_\_  
\_\_\_\_\_

#### PLEASE CHECK ALL THAT APPLY

DOG GETS ALONG WITH: ADULTS CHILDREN DOGS CATS  
SMALL ANIMALS STRANGERS

BEHAVIOR: BARKING WHINING DIGGING ROAMS ESCAPES  
SHY AGGRESSIVE

IS THIS DOG AGGRESSIVE WITH: KIDS? CATS? DOGS? STRANGERS?  
LIVESTOCK?

OVERPROTECTIVE OF: PROPERTY? TOYS? BONES? FOOD?  
FAMILY?

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WHERE DID THIS DOG SPEND ITS DAYS?      OUSIDE?      LOOSE INDOORS?  
CRATE INDOORS?

HOW MANY HOURS WAS THIS DOG LEFT ALONE DAILY? \_\_\_\_\_

WHERE DID THIS DOG SLEEP? \_\_\_\_\_

DOES THIS DOG HAVE TRAINING?      YES      NO

IF YES, PLEASE DESCRIBE? \_\_\_\_\_  
\_\_\_\_\_

OTHER BEHAVIORAL ISSUES? \_\_\_\_\_  
\_\_\_\_\_

MEDICAL ISSUES? \_\_\_\_\_  
\_\_\_\_\_

HAS THIS DOG BITTEN ANYONE IN THE LAST 10 DAYS?      YES      NO

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_