



Dog Intake Profile

The information provided here will help us evaluate and find your dog the best possible home. Please be as detailed as possible. Thank you.

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Yes No

How long have you owned this dog? _____

Does your dog have a: Microchip Tattoo None

Microchip Number: _____

Has this dog lived with: (check all that apply) Other Dogs Cats Children

This dog lives: Indoors Outdoors Both

Is this dog house/potty trained? Yes No Partially

Does this dog mark its territory inside? Yes No

Does this dog repeatedly escape the yard and/or house? Yes No

If yes, how is the dog escaping?

Does this dog excessively bark or howl? Yes No

If yes, when does this happen?

What basic commands does this dog know? Sit Lay Down Stay Come

Does this dog know any special tricks?

Is this dog leash-trained? Yes No

Is this dog crate-trained? Yes No

Does this dog like to play with toys? Yes No

If yes, what kind of toys?

Behavior Information

Does this dog display any type of destructive behavior? Yes No

If yes, what is this behavior, and when does it occur?

Has this dog ever bitten anyone? Yes No

If yes, please explain in detail:

How does this dog get along with the following? You may use terms such as friendly, social, love, fearful, barks, growls, snaps, bites, attacks, unknown, etc.

Men:

Women:

Strangers:

Babies:

Children:

Cats:

Other dogs:

Medical Information

Please provide the name and contact information for your veterinarian:

When was this dog last seen by a veterinarian?

Has this dog ever required special surgery or medical attention? Yes No

If yes, please explain:

Is your dog on any special medication? Yes No If yes, what medication?

Has your dog been diagnosed with and/or treated for any of the following?

- Allergies Seizures Urinary tract infection Bladder Stones Diabetes
- Cancer Deafness Tumors Thyroid Disease Organ Failure
- Arthritis Tick Fever Valley Fever Hip Dysplasia Other (please explain)

If yes for any of the above, please elaborate:

Any other information you would like us to know about this dog?

If this animal becomes a candidate for euthanasia, I would like to be contacted before euthanasia takes place.

Yes No

I certify that the above information is truthful and complete.

Signature of Owner or Person Presenting Dog

Printed Name and Date

Additional Staff Notes:

Signature of Staff Member Completing Admission

Printed Name and Date