

North Fork Animal Welfare League
P.O. Box 297, Southold, New York 11971 / (631) 765-1811

Canine Background Information Form

Dog's Name _____

Age _____ Sex _____ Breed _____

How long has this dog lived with you? _____

Where did you acquire this dog? _____

Where has this dog been allowed? Inside House Patio/Porch Unfenced Yard Fenced Yard

How much time did the dog spend outside? _____

How many hours a day on average does the dog spend alone? _____

Where do you leave the dog when he/she is alone? _____

Does your dog exhibit any separation anxiety or destructiveness when left alone? _____

How many hours a day on average does the dog spend interacting with people? _____

Where is this dog used to sleeping at night? _____

Is this dog afraid of anything? _____

Is this dog housetrained? _____

If not, has the dog been examined to rule out physical problems? _____

If not, how often does the dog have accidents in the house?

Once a day Once a week Never Every time the dog is inside

What kinds of training have you tried? _____

How does this dog let you know he needs to go potty? _____

What type(s) of obedience training has this dog received?

Obedience classes Home training Professional None Other _____

Does this dog know how to: Sit Stay Come Lie Down Walk on a leash

Other _____

Please describe what daily exercise the dog is accustomed to. _____

Has this dog escaped from fenced-in yards? _____

If yes, how: Digs out Jumps fence Opens gate Charges gate when opened Chews through

What types of animals has this dog lived with? (Please include age and sex) _____

What types of animals does this dog get along with? _____

Do you trust this dog unsupervised around these animals? _____

What types of animals does this dog not get along with? _____

What types of behavior has this dog displayed towards these animals?

Barking Growling Chasing Lunging at Attacking/Biting Other _____

When leashed does this dog lunge at other dogs? _____ At people? _____

Please describe this dog's reaction to strangers. _____

Has this dog ever nipped at anyone? _____ If yes, please explain. _____

Has this dog ever bitten and drawn blood? _____ If yes, please explain. _____

Is this dog better with certain people. and/or circumstances? _____ If yes, please explain. _____

Does this dog chase: Adults Kids Squirrels Cats Bicycles Cars Other _____

When you approach or pet this dog while he/she is eating, what is the response? _____

Has this dog ever lived with children? _____

If so. what ages/sex, and for how long? _____

How would you describe the dog's behavior around children?

Friendly Playful Tolerant Afraid Snappy Jumpy Indifferent Too Excited for children
Rough Other _____

What veterinarian has this dog seen? _____

Is the dog up to date with vaccinations? _____

Please describe any old injuries, and/or health issues. _____

Please list any current health issues and/or medications. _____