



For Office Use: Appointment: _____ A# _____ P# _____ Owner/custodial form <input type="checkbox"/> Owner/custodial contract: <input type="checkbox"/> ID Checked and photocopied: <input type="checkbox"/> Intake Exam form: <input type="checkbox"/>
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**Canine Intake Profile**

*\*Please complete this intake profile in full detail. Your honest feedback will help HSDR give the best medical care to your pet and help them find the perfect home.\**

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Owner's Phone#: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Microchip# \_\_\_\_\_

Reason for Surrender:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How old is your dog? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

Your dog's sex: \_\_\_\_\_ Is your dog spayed/neutered?

Male  Female

Yes  No

How did you acquire your dog?:  Pet Store  Friend  Newspaper/Internet  Stray  Breeder: \_\_\_\_\_

Shelter/Rescue \_\_\_\_\_  Other \_\_\_\_\_

How old was your dog when you acquired him/her?: \_\_\_\_\_

What kind of food do you feed your dog?:  Only dry  Only canned  Mix of dry/canned  Special diet

Brand of food: \_\_\_\_\_

How is your dog fed?  Free fed (left out all day)  Once/day  Twice/day

At what other times does your dog eat? \_\_\_\_\_

What else does your dog eat? (Table scraps, treats, etc.) \_\_\_\_\_

How many people live in the home: \_\_\_\_\_ Adult Female \_\_\_\_\_ Adult Male

\_\_\_\_\_ Female children \_\_\_\_\_ Male children



Has your dog ever been to a vet?  Yes  No

Has your dog been vaccinated?  Yes  No When? \_\_\_\_\_

What is the name of the vet clinic used? \_\_\_\_\_

Clinic's Phone #: \_\_\_\_\_

Has your dog had any medical concerns in the past?  Yes  No If yes, please describe: \_\_\_\_\_

**Does your dog currently have any medical issues?**  Yes  No If yes, please describe: \_\_\_\_\_

Has your dog ever been on medication?  Yes  No

What type of medication? \_\_\_\_\_

Is your dog currently on medication?  Yes  No If yes, what medication? \_\_\_\_\_

Has your dog ever had any adverse reactions to medication or vaccines?  Yes  No

If yes, which medication/vaccine, and what were the effects? \_\_\_\_\_

**Have you recently noticed any of the following?**

- Changes in water consumption or urination
- Sneezing
- Coughing
- Vomiting
- Diarrhea
- Seizures
- Difficulty urinating
- Bad breath
- Any dental concerns (e.g. gagging, drooling, red gums)
- Other: \_\_\_\_\_

**Behaviour:**

Has your dog shown any signs of aggression? Yes  No

What signs of aggression has your dog shown? Please check all that apply

- Growling
- Snapping
- Baring teeth
- Lunging
- Nipping (teeth causing bruising or pinch but did not break skin)
- Biting (teeth causing broken skin with bleeding)
- None at all



Please describe the situation of this aggressive episode. What lead up to these signs of aggression? Please give as much detail as possible.

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Who was involved in the aggressive episode(s)?

- Men
- Women
- Children (Age: \_\_\_\_\_)
- Other animals : \_\_\_\_\_

What was involved in the aggressive episode(s)?

- Pet Food
- People food
- Dog Toys
- Kid Toys
- Garbage
- Other: \_\_\_\_\_

What have you tried so far to curb your dogs' behavior? Please list all that apply and the effects they had on the behavior.

Technique Used	Effects on behavior	How long was this tried



**Living Situation:**

My dog is used to living in a(n):  Apartment/condo  House with no/small yard  House with large yard  
 Farm or rural property

My dog is house trained:  Yes  No  Sometimes

How does your dog let you know he/she needs to go out?: \_\_\_\_\_

When I'm home, my dog is kept:  Indoors  Outdoors  Both

When my dog is outside, he/she is:  Tied up  Loose in yard

When I'm not home, my dog is kept:  In a crate  Isolated to a room/basement  Loose in the house  
 Tied up  Outside  Depends on weather

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vet Visits**

At the vet, my dog reacts:  Well  Aggressive  Nervous  Never taken to the vet

*Children*

My dog is used to:  Living with children  Visiting with children  Has never had contact

My dog is used to children aged:  0-3  4-6  7-10  10 +

My dog:  Enjoys being with children  Tolerates children  Is nervous of children  Is aggressive toward children

*Other Dogs*

My dogs is used to:  Living with other dogs  Visiting other dogs  Has never had contact

My dog:  Enjoys being with other dogs  Tolerates other dogs  Is nervous of other dogs  Is aggressive  
 Gets very excited around other dogs

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Cats*

My dog is used to:  Living with cats  Visiting with cats  Has never had contact

My dog:  Enjoys being with cats  Tolerates cats  Is nervous of cats  Is aggressive with cats

*Strangers*

Around women my dog does not know, he/she is:  Friendly  Nervous  Hyper and Excited  Aggressive

Around men my dog does not know, he/she is:  Friendly  Nervous  Hyper and Excited  Aggressive

*Visitors*



When meeting new people inside my home, my dog is:  Friendly  Nervous  Fearful  Hyper and Excited  
 Aggressive

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*New Environments*

In unfamiliar environments, my dog:  Friendly  Nervous  Fearful  Aggressive

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My dog is afraid of: \_\_\_\_\_

*Me and My Dog*

I can hug my dog:  Always  Sometimes  Never  Have not tried  
I can brush my dog:  Always  Sometimes  Never  Have not tried  Only groomer does it  
I can trim my dog's nails:  Always  Sometimes  Never  Have not tried  Only groomer can

*Car Rides*

When driving in the car, my dog is:  Enjoying the ride  Nervous  Gets car sick  Aggression

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Training*

On a leash my dog:  Walks beside me  Walks ahead  Walks behind me  Pulls a little  Pulls a lot

My dog is obedient:  Always  Sometimes  Never

My dog has been to:  Obedience Training  Protection Training  Other: \_\_\_\_\_

If so, where?: \_\_\_\_\_

My dog completed the classes:  Yes  No If so, when?  As a puppy  As an adult

*When left alone*

My dog is used to being alone:  Everyday  Sometimes  Rarely  Never

On average, how many hours a day is your dog left alone?: \_\_\_\_\_

When left alone, my dog is:

- Vocal
- Destructive
- Will have accidents (peeing or pooping):
- All of the above

*Exercise*

My dog gets \_\_\_\_\_ walks a day; for \_\_\_\_\_ minutes each walk and/or he spends \_\_\_\_\_ minutes in the yard



Who walks the dog?:  Myself  My partner  Children  A hired walker

What type of collar is used?  Flat  Choke  Martingale  Head halter  Muzzle

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In-House Habits*

When it comes to furniture, my dog is:  Allowed on all furniture  Allowed on some furniture  
 Not allowed on furniture  Allowed on his/her own bed

When I try to remove my dog from the furniture he/she:  Allows me to  Will sometimes allow me to  
 Will growl  Will snap or bite

At night, my dog sleeps in my bed:  Always  Sometimes  Never  Sleeps in his/her own bed

My dog protects his/her food:  Will freeze if I come near the bowl  Will growl  Will snap or bite  
 No change in behavior

My dog protects his/her toys:  Will carry and not drop toy  Will growl if I reach for the toy  
 Will snap or bite if I reach for the toy  No change in behavior

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything other information about your dog that you feel is important for us to know? In order to match your dog to an appropriate adopter, please provide as much information as possible about what the dogs needs to find the best family/home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTAKE  
NOTES**

\_\_\_\_\_  
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\_\_\_\_\_  
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