DOG QUESTIONNAIRE for courtesy posting to Petfinder.com

Please return the form to poochmatch@hotmail.com along with 3 digital photos of your pet or return the questionnaire by fax to 909-886-7470.

Date:______________________

Owner's Name

Address

Home Phone: ____________________ Cell/Work Phone: ____________________

Dog’s Name ____________________ Breed ____________ Sex _____ DOB/Age _______

Weight ____________________ Microchip # ____________________

Identifying characteristics (color/markings) ____________________

Neutered/Spayed? (Y/N) ______

Temperament, Demeanor, (low energy, calm, active) ____________________

Where did you get the dog? Please circle:

Pet Store 	Shelter 	Breeder 	Other ____________________

Have you contacted the breeder? Yes___ No___ N/A ___

What was the response?

If from a shelter, did they request return of the dog? Yes ___ No ___

How long have you owned this dog? ____________

Diet dog has been receiving :(brand/amount) ____________________

Housebroken? Yes ___ No___ Good with cats? Yes___ No ___Noisy? Yes ___ No ___

Jumper? Yes No ______

Good with children? Yes__ No____ Good with other dogs? Yes ____ No ___

Has this dog had any obedience training? Yes ____ No ____

List commands, skills, i.e. walks well on a leash ____________________

Any behavioral problems?

____________________________________________________________________

Has dog killed/chased other animals? If yes, describe ____________________

Has dog ever bitten a person? (If yes, describe) ____________________

____________________________________________________________________

Did wound or dog bite require medical attention? Yes ___ No ___

No: Was bite reported to animal control? Yes ___ No ___

Was dog quarantined? Yes ___ No ___

What brought on this bite? ____________________

Does dog growl when you take away its food or toys? Yes ___ No ___
Does dog snap or nip at people? Yes ____ No ____

What causes this behavior? __________________________
What does the dog like best? _________________________
What does the dog dislike? ___________________________
What does the dog fear? _____________________________
Why is this dog up for adoption? _____________________

Have you tried to place this dog yourself? (Describe)

What is the most appealing thing about this dog?

What is the dog’s biggest fault?

Dog has spent (check all that apply and indicate amount of time in days/week/months/years):
Indoors
Crated
Basement
Garage
Fenced Yard
Tied Out
Loose unfenced
Kennel run
Other

Dog has spent nights (check all that apply and indicate amount of time in days/week/months/years):
Indoors
Crated
Basement
Garage
Fenced Yard
Tied Out
Loose unfenced
Kennel run
Other

HEALTH HISTORY:
Name and telephone number of Veterinarian who has cared for this dog:
_____________________________________________________

Health history:
_____________________________________________________

Does the dog have physical problems or is he/she on medication for any reason? Yes ____ No ____
Describe ________________________________

Date of last rabies immunization? __________ heartworm test: __________
DHLPP: __________ WORMING __________ Other __________________
Do you understand that all dogs placed by Pooshmatch must be spayed or neutered as terms of adoption? Yes ____ No ____