



DOG HISTORY

Camano Animal Shelter Association

198 Can Ku Road

Camano Island, WA 98282

CamanoAnimalShelter.org

360-387-1902

PLEASE CHECK ALL ANSWERS THAT APPLY

DOG'S NAME _____

Date _____

How long has this dog lived with you? _____

Where did you acquire this dog?

- CASA Another Shelter Breeder Pet Shop
 Friend/Relative Classifieds Found/Stray Born in Your Care

Where has this dog been allowed?

- Inside House Patio Fenced Yard Car
 Unfenced Yard Tie Out/Chain Yard Kennel/Dog Run Garage

How much time was the dog kept outside? _____

Inside? _____

Where did you leave the dog when no one was home?

- Crated Indoor Loose Indoor Fenced Yard Loose in Unfenced Yard
 Outdoor Dog Run Tied Up Outside Garage Other _____

How many hours per day on average does this dog spend unsupervised? _____

Where is this dog used to sleeping?

- In Owner's Room In Owner's Bed Dog House Garage
 Patio Other _____

What ages of people lived with this dog?

- Adult Men Adult Women Seniors Children (ages) _____

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

- Friendly Playful Tolerant Afraid
 Snappy Too much for small kids Never been with children

How would you describe your household?

- Active Noisy Quiet Average

What type(s) of training has this dog had?

- Obedience Class Home Training Professional None

Does the dog know how to?

- Sit Stay Come Lie Down
 Walk on Leash Shake/High Five Speak Roll Over
 Other/Tricks? _____

Has this dog ever bitten, snapped, or growled at anyone? Yes No

If yes, please describe _____

Does this dog have any bad habits a new owner should be aware of? Yes No

If yes, please describe _____

What did you do to correct the problem? _____

(turn over)

Is this dog frightened of anything?

- | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Children | <input type="checkbox"/> Brooms |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Thunder | <input type="checkbox"/> Vacuums | <input type="checkbox"/> Large Trucks |
| <input type="checkbox"/> Water | <input type="checkbox"/> Appliances | <input type="checkbox"/> Hands | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Other _____ | | | |

Is your yard fenced? Yes No How High? _____ Made of? _____

If your yard is not fenced how do you keep the dog confined to your property? _____

Has the dog repeatedly escaped from your yard? Yes No

How?

- | | | | |
|---|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Digs Out | <input type="checkbox"/> Jumps Fence | <input type="checkbox"/> Opens Gate | <input type="checkbox"/> Charges Gate When Open |
| <input type="checkbox"/> Chews Through <input type="checkbox"/> Other _____ | | | |

When does the dog escape?

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> All the time | <input type="checkbox"/> When Left Alone | <input type="checkbox"/> Other _____ |
|---------------------------------------|--|--------------------------------------|

Is the house/potty trained? Yes No Is the dog crate trained? Yes No

If there are potty issues has the dog seen a vet to rule out a medical issue? Yes No

How often does the dog have accidents in the house?

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Once a Day | <input type="checkbox"/> Once a Week | <input type="checkbox"/> Never | <input type="checkbox"/> Every Time Dog is Inside |
|-------------------------------------|--------------------------------------|--------------------------------|---|

What kind of potty training have you tried?

- | | | | |
|--------------------------------|--------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Crate | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
|--------------------------------|--------------------------------|-------------------------------|--------------------------------------|

How have you dealt with this problem?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Dog is allowed only in certain areas | <input type="checkbox"/> Dog is Kept Outside Only | <input type="checkbox"/> Other _____ |
|---|---|--------------------------------------|

Does this dog chase anything?

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> People | <input type="checkbox"/> Children | <input type="checkbox"/> Cats | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Bicycles | <input type="checkbox"/> Skateboards | <input type="checkbox"/> Other _____ |

What other animals has this dog lived with? _____

Does this dog get along with other animals?

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Dogs (male) | <input type="checkbox"/> Dogs (female) | <input type="checkbox"/> Cats (indoors) | <input type="checkbox"/> Cats (outdoors) |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Sml Pets (ferret, mice..) | <input type="checkbox"/> Poultry/Livestock, what kind _____ | |
| <input type="checkbox"/> Other _____ | | | |

What types of animals doesn't the dog get along with? _____

When leashed, does the dog lunge at other dogs? Yes No People? Yes No

Is it to Play? Yes No If no, describe _____

Do you feel this dog is over protective? Yes No

Does this dog have any old injuries or health issues? Yes No Describe _____

Is this dog on any medication or special diet? Yes No Details _____

When was this dog usually fed? AM PM Free Fed Other _____

What type of food was the dog fed? Dry/Kibble Wet/Canned Both Other _____

What BRAND and flavor of food was the dog fed? _____

Does the dog have any favorite toys or activities? _____

Is there anything else we should know about this dog? _____