

DuPage County Animal Care & Control

Dog Behavior & Health Profile

Dog & Household Information

Dog's name _____ Sex Male Female Spayed or neutered? Yes No

Breed _____ Age _____ How long have you had your dog? _____

Where did you get your dog?

- DuPage County Animal Care & Control
 Friend/Relative
 Website/Newspaper
 Breeder
 Pet Store
 Found Stray
 Other Shelter/Rescue _____

Why are you surrendering your dog? _____

Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0 - 3		
4 - 9		
10 - 17		
18 - 29		
30 - 59		
60 +		

List other pets in your household and describe their interaction with this dog.

Species	Breed or Size (lbs)	Age	Sex	Spayed/Neutered?	How does <i>this</i> dog respond?
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike
				Yes / No	Enjoy / Tolerate / Ignore / Dislike

Does this dog have any past or present medical conditions?

- No
 Yes (Please describe)

Typical Behavior (Your dog's **usual** behavior)

How does your dog **usually** behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows Teeth/ Growls	Snaps	Bites	Ignores
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

How does your dog **usually** react when you or someone else does the following?

	Never tried	Enjoys	Tolerant/ Allows	Afraid	Shows Teeth/ Growls	Snaps	Bites
Bathe							
Brush							
Wipe feet							
Trim nails							
Pick up/Carry							
Touch/Look at ears							
Touch/Look at mouth							

Does your dog **usually** uncontrollably chase or attempt to chase any of the following? Check all that apply.

- Joggers Bicycles Skateboarders/Rollerbladers Cars/Motorcycles
 Outdoor cats Squirrels /Chipmunks Birds Doesn't chase

How does your dog **usually** react when an unfamiliar person approaches or enters the yard or house?

- Friendly Ignores/Indifferent Afraid/Cautious Barks Shows Teeth/Growls
 Snaps Bites

Do you take your dog outside to go to the bathroom?

- Yes (please specify how many times per day) _____ No/Paper trained

Does your dog usually have "accidents" in the house?

- Yes (please specify how many times per day) _____ No

Where does your dog spend most of their time?

- Inside the house, roams freely Inside the house, crate trained Outside the house, roams freely
 Outside the house roams freely in fenced yard Outside the house, tied

How long is your dog left alone, without people, during the day?

- Never 1 – 3 hours 4 – 8 hours 9 – 12 hours More than 12 hours

When your dog is left alone, is he/she...

- Free throughout the home Confined to a room In a cage Outside

When left alone, does your dog usually show any of the following behaviors? Check all that apply.

- Destroy household items Urinate/defecate Bark Cry None of these

Is your dog allowed on furniture?

- Yes No

Where does your dog usually sleep at night?

- Cage Floor Dog bed Couch Owner's bed Other _____

What toys does your dog like?

- Balls Plush Squeaky Tug Toy None Other _____

When your dog plays, does he/she typically... (Check all that apply)

- Jump up Growl Bark Bite lightly Bite hard None of these

Is your dog scared of anything?

- Yes (Please describe) _____ No

Does your dog have problems with riding in the car?

- Yes (Please describe) _____ No

Has your dog escaped your property 2 or more times in the last 6 months?

- Yes (Please describe) _____ No

Aggressive Behavior (Behavior that has **ever** happened)

Is there any report of your dog ever inflicting a serious bite to a person?

- Yes No Unsure

Has your dog ever attacked another dog resulting in severe injury or death to another animal?

- Yes No Unsure

Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, or another domesticated animal species.

Do not include aggressive behaviors directed toward a veterinarian or groomer in this section.

	Shows Teeth/Growls	Snap	Bite	None of these	Do not know
Men					
Women					
Children					
Dog					
Other animals					

Please explain the circumstances of the snap or bite. If you have checked more than one, please explain the circumstances of each instance.

If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions.

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones/rawhides/chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child reached toward your dog?						

Medical History

Does your dog see a veterinarian at least once a year?

- Yes No

Has your dog had any vaccinations in the last year?

- Yes (please list) _____ No

Please list your veterinarian’s name and their clinic’s name.

Veterinarian: _____ Clinic: _____

Does your dog have to be muzzled at the veterinarian?

- Yes No

Check below if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show Teeth/ Growl	Snap	Bite	None of these	Do not know
Exam						
Restrain						
Administer Shots						
Trim nails						
Haircut						

Is your dog currently on any medication or special diet?

- Yes (please describe) _____ No

What type of food does your dog eat? (Check all that apply)

- Dry Wet/canned Table scraps

Please feel free to tell us any additional helpful comments.

By signing below, I certify that the information I provided is accurate and truthful to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Dog’s Name _____

Reviewed by: (Staff Only) _____

Once complete, please save and email to: animal.control@dupageco.org