



Office Use:  
A# \_\_\_\_\_  
P# \_\_\_\_\_  
 Notify K9 on arrival  
 House in B.H/ \_\_\_\_\_  
 QOL concerns  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
Scanned  Logged  Memo   
Print medical records from Kennel Card  
Drive if previous THS animal

**Canine Intake Profile**

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

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

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

Address Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Apt/Unit \_\_\_\_\_

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

Dog's name: \_\_\_\_\_ Does he/she respond to his/hers name: Yes No

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

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

**Reason for Surrender:**

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

1. How old is your dog? \_\_\_\_\_ 2. How long have you had your dog? \_\_\_\_\_

3. Your dog's sex:  Male  Female 4. Is your dog spayed/neutered? Yes No

5. How did you acquire your dog?:  Pet Store  Friend  Newspaper/Internet  Stray  Breeder: \_\_\_\_\_  
 Shelter/Rescue \_\_\_\_\_  Other \_\_\_\_\_

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

7. What is your dog accustomed to eating?  Free fed (left out all day)  Once/day  Twice/day

7a. At what other times does your dog eat? \_\_\_\_\_

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

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

8a. What else does your dog eat? (Table scraps, treats, etc.) \_\_\_\_\_

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

**Medical**

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

Vomiting

Bad breath

Diarrhea

Any dental concerns (e.g.  
gagging, drooling, red gums)

Sneezing

Seizures

Coughing

Difficulty urinating

Other:

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

**House Training (Urinating and Defecating in the wrong area)**

Does your dog do any of the following in the home:

Urinating  Defecating  Both

If so, does your dog urinate or defecate when:

- People are at home but not in view of the dog
- People are at home in view of the dog
- People are not at home

If so, how often do these accidents occur?

- More than once a day
- More than once a week
- Once a month
- Once a day
- Once a week
- Less than once a month

Is your dog straining to urinate?  Yes  No

If yes, when was the last time and when did it start? Please describe:

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Is your dog straining to defecate?  Yes  No

If yes, when was the last time and when did it start? Please describe:

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Does your dog's bowel movement have a specific color or discoloration?  Yes  No

If yes, when was the last time and when did it start? Please describe:

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Does your dog's bowel movement have an odor?  Yes  No

If yes, when was the last time and when did it start? Please describe:

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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

**Indoor/Outdoor Habits**

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

11. My dog is house trained:  Yes  No  Sometimes

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

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

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

15. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Temperament and Personality

### Vet Visits

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

### Children

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

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

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

### Other Dogs

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

21. 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

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

23. My dog:  Enjoys being with cats  Tolerates cats  Is nervous of cats  Is aggressive with cats  
*Strangers*

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

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

### Visitors

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

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

*New Environments*

27. In unfamiliar environments, my dog:  Friendly  Nervous  Fearful  Aggressive

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

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

*Me and My Dog*

28. I can hug my dog:  Always  Sometimes  Never  Have not tried

29. I can brush my dog:  Always  Sometimes  Never  Have not tried  Only groomer does it

30. I can trim my dog's nails:  Always  Sometimes  Never  Have not tried  Only groomer can

*Car Rides*

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

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

*Training*

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

33. My dog is obedient:  Always  Sometimes  Never

34. My dog has been to:  Obedience Training  Protection Training  Other:

\_\_\_\_\_

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

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

*When left alone*

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

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

38. When left alone, my dog is:

Vocal: \_\_\_\_\_

Destructive: \_\_\_\_\_

Will have accidents (peeing or pooping): \_\_\_\_\_

All of above: \_\_\_\_\_

*Exercise*

39. My dog gets \_\_\_\_\_ walks a day; for \_\_\_\_\_ minutes each time

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

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

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

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

*In-House Habits*

42. 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

43. 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

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

45. My dog protects his/her food:  Will freeze if I come near the bowl  Will growl  Will snap or bite

46. 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

47. My dog protects favourite items (e.g rawhide bone):  Will freeze if I come near the item  Will growl  
 Will snap or bite

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

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

**The following information is very important for us to find a new home for your dog, so please take your time when answering the following questions:**

**48.** Has your dog ever shown any kind of aggression, such as growling, snapping, lunging, biting, etc?  Yes  No

If yes, when was the last time and when did it start? Please describe: \_\_\_\_\_

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**49.** How have you been dealing with these behavior issues so far?:

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**50.** Has your dog ever successfully bitten any one or another animal?:  Yes  No

If yes, was the incident reported to Animal Control?:  Yes  No

If yes, please describe what happened:

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**51.** 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:

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**INTAKE**

**NOTES**

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