



Adopt A Boxer Rescue

www.AdoptABoxerRescue.com



Adopt A Boxer Rescue
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877 570 0360 email: Surrender@adoptaboxerrescue.com.

DOG INTAKE QUESTIONNAIRE

Note: To complete this form in your Word program, simply tab from field to field, typing your information in the appropriate spaces. To place an "X" in a check-box, position your cursor over the box, and click on it.

Date: _____

Please answer the following questions pertaining to the dog you are surrendering. This information will be extremely helpful to us:

1. So that we may place the animal in a suitable/compatible home
2. To give new/prospective owners an overall history of the dog they are planning to adopt
3. To help make the transition to a new home as stress-free and smooth as possible for the animal.

Please feel free to add ANYTHING pertaining to the animal that would be helpful for the well-being of the dog and new owner. Please be **truthful** and **honest** when answering the questions.

Thank you for your help and cooperation.

Adopt A Boxer Rescue

Owner Information

Owner's Name _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

AABR DOG INTAKE QUESTIONNAIRE

General

1. Dog's Name _____
List of nicknames you call the dog: _____
2. Male Female
3. Reason for surrender _____
4. How long have you had this dog? _____
5. Dog's age: _____
Date of birth, if known: _____
6. Did you get this dog as a puppy? Yes No
If yes, where did you get the puppy? _____
If no, indicate where and when you obtained the dog: _____
7. Purebred Mix Mixed with? _____

Feeding

8. How many times a day is the dog fed?
 Once
 Twice
 More than twice
 Free choice feeder
 Other
9. What type of food does the dog regularly eat:
 Dry: What brand? _____
 Canned: What brand? _____
 Dry and canned combined
 Dry food that is moistened with liquid
 Table scraps
 Other (specify) _____
10. How much is the dog fed?
_____ Cups food per meal
11. Any known food allergies:
Is there any food that causes an allergic reaction or that does not "agree" with dog?
 Yes No Please specify: _____
12. Type of "treats" used:
 Dog Treats - Brand name: _____
 Human Treats - Please specify _____
13. Favorite foods/treats: Please list _____

Communication and Training

14. Does the dog understand "English" as its primary language? Yes No
If no, what language does dog understand? _____
15. Does the dog respond to or understand hand gestures/signals? Yes No
If Yes, what are they? _____
16. Please list the words/terms the dog responds to/understands for the following:
Urinate (i.e., tinkle, wee-wee) _____
Defecate _____
Bed-time _____
Ride in the Car _____
Other _____
17. List any other phrases/words the dog will respond to or understands, and explain the meaning of each:

18. Has the dog had any formal obedience training? Yes No
If yes, what type? _____
19. Does dog know basic commands?
Sit Yes No
Stay Yes No
Down Yes No
20. What term or sound do you use for the word "NO?" _____
21. Is the dog used to being squirted by a water bottle or used to another type of deterrent for undesirable behavior? Yes No
If Yes, what? _____
22. Does the dog know any kind of "tricks" like "roll over" or "speak"?
 Yes No If Yes what are they? _____

Living Area

23. Where did the dog live?
 Rural
 Urban
 Suburban
 Farm
24. Did the dog live in:
 House
 Apartment
 Condo

- Garage
 Outdoors in dog house
 Other - Please explain: _____
- 25.** If dog lived inside, where did he/she sleep?
 In its own bed
 Furniture/couch
 Floor
 Crate
 Cellar/basement
 In bed with a human
- 26.** In what room of the house is the dog used to sleeping? _____
- 27.** Was dog allowed on furniture? Yes No
- 28.** Was the dog left inside or outside when owner was at work or away from the home? Inside Outside
- 29.** If left inside does dog have access to entire house, or is dog confined to a certain area or rooms? _____
- 30.** How many hours a day was the dog alone, on average (no human present)?
 8 hours or more
 6-8 hours
 6 hours or less - If less, about how long? _____
 Occasional brief periods of about _____
 Never
- 31.** Is the dog housebroken?
 Totally
 Partially
 Some "accidents" - Urinate Defecate Both
 Frequent "accidents" - Urinate Defecate Both
 Not housebroken
- 32.** When the dog was let out/taken out to do it's business, was dog:
 Walked on a leash
 Free to roam/loose
 Tied on a rope or cable
 Allowed to roam in fenced yard
- 33.** How often and what times of the day is the dog let outside? _____

Exercise and Free Time

34. Does dog enjoy exercise? Yes No If yes, what exercise does dog enjoy?

35. How did you most often exercise the dog?

- Ball throwing
- Frisbee
- Jog/run with owner
- Free roam
- Throw stick
- Coach potato

36. What type of toys does dog enjoy/play with? Please list: _____

37. Favorite toy: _____

Hygiene and Handling:

38. Where does dog enjoy being scratched? _____

39. Where does dog not like to be touched? _____

40. Please list dog's "like and dislikes" to the best of your knowledge

41. Is the dog tolerant of:

Ears being cleaned Yes No

Nails being trimmed Yes No

A bath Yes No

Grooming Yes No

Water Yes No

42. Does the dog like to swim? Yes No

43. Does the dog enjoy car rides? Yes No

Does the dog get motion/car sick? Yes No

If yes, how did you treat/deal with it? List medication given, if any: _____

44. Please describe the temperament of the dog: _____

45. Is the dog "hand shy?" Yes No

46. Does the dog spook easily? Yes No

Please check anything the dog is afraid of:

Loud noises/voices

Thunder

Men

Cars/car rides

- Veterinarian
- People in uniform
- Certain objects (broom, vacuum, etc.) _____
- Other _____

47. Please list any "bad habits" or behavioral problems the dog has:

- Chews furniture/clothing
- Digs holes
- Jumps fences
- Barks excessively
- Bites
- Separation anxiety: explain what dog does in exhibiting this behavior: _____

- _____
Not compatible with other animals?
- Dogs
- Cats
- Other - be specific: _____
- Other _____

48. Is the dog ever aggressive? Yes No

If yes, please explain: _____

49. Does dog tolerate:

- | | | | |
|----------------|------------------------------|-----------------------------|-------------------------------------|
| Small children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Other dogs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Cats | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Birds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Small animals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Adults only | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Other | _____ | | |

50. Was dog an "only" dog, or in a multiple dog household? Only Multiple

List the age and sex of each of the other dogs in the household, and if they were spayed or neutered. _____

Medical

51. Spayed Yes No - If no, date of last heat _____

Neutered Yes No

52. Has dog ever been bred? Yes No Don't Know

If so, when: _____

Has dog ever had puppies? Yes No

If yes how many litters, and date of last litter. _____

53. Any problems with eyesight? Yes No

54. Any problems with hearing? Yes No

55. Has dog ever been injured? Yes No If yes, please explain: _____

56. Has dog ever had a serious illness? Yes No

If yes, please explain: _____

57. Does dog have any chronic medical condition? Yes No

If yes, please specify: _____

58. Any known allergies? Yes No

Dust

Grass

Fleas

Specific Foods - list them: _____

Medicine - specify: _____

Other: _____

59. Is dog current with:

Shots Yes No Date given: _____

Heartworm Yes No

Rabies Yes No Date given: _____

60. Brand of heartworm preventative being used: _____

61. Date of month given: _____

62. Name, address and telephone of your veterinarian:

Phone: (____) _____

63. Is dog presently on any medication? Yes No

Please list all medications: _____

Please feel free to list anything not covered in the above questions that you feel might help us. We need to know all we possibly can so that we may place the animal in a suitable home.

Thank you for your cooperation.

Adopt A Boxer Rescue

Additional Comments: _____
