

Dog Pet History

Impoundment Ticket #: A0

Please circle
below

Animals Name:		
Does your pet get along with cats?	yes	no
Does your pet get along with other dogs?	yes	no
Does your pet have any allergies? (explain below)	yes	no
Does your pet have any medical conditions or needs?(explain below)	yes	no
Does your pet play rough? (explain below)	yes	no
Does your pet get along with children? Which age group:	yes	no
Does your pet bark excessively ?	yes	no
Has your pet ever had to wear a shock collar? (explain below)	yes	no
Has your animal ever been reported to Animal Control? (explain below)	yes	no
Does your animal prefer to be alone?	yes	no
Does your pet need lots of human interaction?	yes	no
Has your animal bitten before? (explain below)	yes	no
Does your animal have aggressive behaviors? (explain below)	yes	no
Is your animal destructive? (explain below)	yes	no
Was your animal strictly outdoors?	yes	no
Is your animal housebroken? (if no explain below)	yes	no
Is your pet an escape artist?	yes	no
Is your animal willing to share toys/bones/food bowls etc.?	yes	no
Is your animal on a strict diet? (explain below)	yes	no
Has your animal ever injured another animal?(explain below)	yes	no
Is your animal current on vaccines?	yes	no
If yes, which veterinarian clinic?		
Whose name are the Vet records in?		
If yes, when was the last visit?		
Does your animal enjoy bathing/grooming?	yes	no
Does your pet suffer from anxiety disorders?(explain below)	yes	no
Does your pet react well to confined spaces (i.e. kennels)?	yes	no
Does your dog have some obedience training? (describe below)	yes	no

Additional Comments:

* to be attached to owner or stray surrender paperwork*