

Jacksonville Humane Society, Inc.
8464 Beach Blvd., Jacksonville, FL 32216
(904) 725-8766 www.jaxhumane.org



DOG BACKGROUND INFORMATION

This information will help us match your dog with the appropriate new owner

Dog's Name: _____

Age: _____

Sex:

Female

Male

Female Spayed

Male Neutered

Breed: _____

How long has this dog lived with you? _____

Including yours, how many homes has your dog had? _____

Where did you acquire this dog?

Jacksonville Humane Society

Breeder

Friend/Relative

Found/Stray

Another Shelter _____

Pet Shop

Newspaper

Born at Home

Where has this dog been allowed?

Inside House

Unfenced Yard

Patio or Garage

Car

Fenced Yard

How much of the time was this dog kept outside? _____

How much of the time was the dog kept inside? _____

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

How many hours a day on average does the dog spend unsupervised? _____

Where is this dog used to sleeping?

In Owner's Room

Doghouse

Patio

Garage

In Owner's Bed

Kennel/Crate

Other _____

What kinds of people lived with this dog?

- | | |
|---|--|
| <input type="checkbox"/> Adult Men | <input type="checkbox"/> Children (Age 12 and older) |
| <input type="checkbox"/> Adult Women | <input type="checkbox"/> Children (Age 12 and younger) |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Ethnicity _____ |
| <input type="checkbox"/> Disability _____ | |

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

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Snappy | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Never been with children |

How would you describe your household?

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Average |

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Obedience Class | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Home Training | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |

What commands or tricks does your dog know? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Lie Down |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Shake/Give Paw |
| <input type="checkbox"/> Walk on a leash | <input type="checkbox"/> Roll Over |
| <input type="checkbox"/> Come when called | <input type="checkbox"/> Speak |
| <input type="checkbox"/> Other _____ | |

How does your dog like to play? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Likes to play fetch | <input type="checkbox"/> Likes to play in or around water |
| <input type="checkbox"/> Likes to play tug of war | <input type="checkbox"/> Likes to learn tricks for treats |
| <input type="checkbox"/> Likes to play Frisbee | <input type="checkbox"/> Plays gently, never uses teeth or paws |
| <input type="checkbox"/> Likes to roughhouse | <input type="checkbox"/> Likes to play with other dogs |
| <input type="checkbox"/> Chases bugs or a variety of toys | <input type="checkbox"/> Does not play |
| <input type="checkbox"/> Other _____ | |

Has your dog ever bitten, snapped, or growled at anyone?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please describe _____

Does your dog have any bad habits or behavior problems that a new owner should be aware of?

Yes

No

If yes, please describe _____

What steps were taken to correct the problem? _____

Is your dog frightened of anything?

Men

Large Trucks

Children

Water

Brooms

Ethnic _____

Thunder

Appliances

Fireworks

Hands

Vacuums

Motorcycles

Other _____

Is your yard fenced?

Yes _____ 4 Ft. _____ 6 Ft.
Type _____

No

If your yard is not fenced, how is your dog confined to the property? _____

Has your dog repeatedly escaped from your yard?

Yes

No

If yes, how?

Digs Out

Opens Gate

Chews Through

Charges Gate When Opened

Jumps Fence

Other _____

When does he escape?

When Left Alone

All the Time

Other _____

Is the dog housetrained?

Yes

No

How often does the dog have accidents in the house?

Never

Weekly

Rarely

Daily

Monthly

Every Time the Dog is Inside

If your dog is having accidents, was a veterinarian consulted to identify a cause?

Yes

No

If yes, what was the outcome? _____

What other measures were taken to correct the problem? _____

Does your dog chase any of the following? Please check all that apply.

Cars

Skateboards

People

Cats

Children

Livestock

Bicycles

Wildlife

Other _____

What other animals has your dog lived with? _____

Does the dog get along with other animals? Please check all that apply.

Male Dogs

Birds

Female Dogs

Pocket Pets (Ferrets, Rabbits, Rodents)

Cats (indoors)

Poultry/Livestock

Cats (outdoors)

Other _____

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

Is your pet protective? Yes No If yes, explain _____

How often did your dog see a veterinarian?

Never

Annually

Only When Sick

Every 6 Months

Other _____

Does your dog have any old injuries or health problems?

Yes

No

If yes, please describe: _____

Does your dog need any medication or a special diet?

Yes

No

If yes, please describe: _____

When do you usually feed your dog?

Once Daily in the A.M.

Twice Daily

Once Daily in the P.M.

Free Fed

Other _____

What food does your dog prefer?

Canned

Dry

Moist

Other _____

Mixed

Table Food

What types of treats does your dog enjoy? _____

Does your dog have a particular brand or flavor of food he or she prefers? _____

Does your dog have any favorite toys or activities?

Yes

No

If yes, please describe: _____

Is there any other information about your dog that you would like us to know? _____

