



Dog Admission Profile

General Information

Dog's Name: _____ A#: _____

Dog's Age: _____ Age at weaning: _____

Breed: _____ I think I'm certain

Is your dog spayed/neutered? Yes No I don't know

History

How long has your dog lived with you? _____

Where did you get your dog? _____ if adopted please list the agency in which you adopted from _____

How many owners has your dog had? _____

Why are you surrendering your dog?

Household Information

Please describe your household Quiet Active Noisy

Has your dog lived with? Men Women Children (ages) _____

Please list other pets your dog has lived with:

Dogs (age, sex and breeds) _____

Cats _____ Other _____

Please describe any conflicts with your dog and the other pets.

Medical History

Has your dog been to see a veterinarian? Yes No

If yes, what is your vet hospital's name? _____

What owner is your dog listed under at the vet hospital? _____

Does your dog have any past or present medical conditions? Yes No

If yes, what are they? _____

Is your dog currently on any special medications or special diets?

Does your dog need to be muzzled at the vet? Yes No

Houstraining History

Is your dog housebroken? Yes No I don't know

How often does your dog have accidents? _____

How many times a day does your dog go out to the yard and/or for a walk? _____

Behavior History

To the best of your knowledge has your dog ever bitten or snapped at anyone? Yes No

If yes, how many times? _____ Please describe the incident(s)

To the best of your of your knowledge has this animal ever bitten another animal? Yes No

If yes, how many times? _____ Please describe the incident(s)

Have you hired a trainer or done training yourself?

If so who did you do training with? _____

What tricks does your dog know? _____

Where is your dog kept when alone?

Outside Garage Inside In or out at will Crate Basement Other: _____

For how many hours is your dog left alone? _____

When left alone does your dog?

Destroy household items Urinate Defecate Bark Cry None

When you are home does your dog?

Destroy household items Urinate Defecate Bark Cry None

How does your dog get along with other dogs during off-leash play?

Friendly Playful Afraid Barks Growls Snaps Bites Do not know

How does your dog react to other dogs on leash?

No reaction Lunges Shows teeth Growls Barks Snaps Bites Do not know

How does your dog react when you or another family member:

1. Pet him/her or **touch the bowl or food while eating?**

No reaction Lunges Shows teeth Growls Snaps Bites Never tried

2. Pet him/her or **touch a bone, rawhide, pig's ear or other item while chewing?**

No reaction Lunges Shows teeth Growls Snaps Bites Never tried

3. Touch ears, teeth, or trim nails?

No reaction Lunges Shows teeth Growls Snaps Bites Never tried

How does your dog play with you or other household members?

Gentle Somewhat rough Very rough Doesn't play

When your dog plays, does he/she:

Jump Growl Bark Bites lightly Bites hard None

What games does your dog like?

Fetch Tug Chase Wrestling Other: _____ None

Please describe your dog's behavior when approached by unfamiliar **children**:

Never encountered Friendly Afraid Barks Lunges Shows teeth Growls
 Snaps Bites No reaction

Please describe your dog's behavior when approached by unfamiliar **men**:

Never encountered Friendly Afraid Barks Lunges Shows teeth Growls
 Snaps Bites No reaction

Please describe your dog's behavior when approached by unfamiliar **women**:

Never encountered Friendly Afraid Barks Lunges Shows teeth Growls
 Snaps Bites No reaction

Does your dog chase? None Joggers Cyclists Cars Motorcycles Squirrels

What is your dog afraid of?

Nothing Thunder Loud noises Fireworks New places Vehicles

Other: _____

What do you like most about your dog?

What do you dislike most about your dog?

What does your dog like most?

What does your dog like least? _____

What type of home do you think would best suit your dog in the future?

If we could help you resolve issues with your dog, would you be interested in keeping him/her? Yes No

What would have to happen for you to keep your dog?

Additional Notes:

LCAS Staff

Reviewed by: _____ Date _____

The section below must be completed if the dog has bitten another animal or human.

Has this dog bitten a human? Yes No

Approximately how many times has this dog bitten a human? _____

What do you feel triggered the bite or are their details to help explain why the dog bit someone?

What part of the body did they bite?

Head/Face _____ Arm(s) _____ Hand(s) _____ Torso _____ Leg(s) _____ Ankle/Foot

Did it require medical attention? Yes No

Did the dog break skin multiple times in one incident? Yes No

Has the dog ever bitten another animal? Yes No

 If yes, how many known times? _____

 If yes, what species did the dog bite? _____

Was the bite fatal or require extensive veterinary care?

Was the bite reported to an Animal Control agency? (Loudoun County Animal Services or another municipal animal control)? Yes No