



Flathead County Animal Shelter

1035 1st Ave. W (mail)
225 Cemetery Rd. (physical)
Kalispell, MT 59901
(406)752-1310

www.flathead.mt.gov/animal



Incoming Dog Profile

Intake # _____

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his/her new home, this information will help us find the most suitable home for your cat and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature _____ Date _____

Print Name _____

Address _____ City _____ Zip code _____

Mailing Address _____ City _____ Zip code _____
(if different from physical address)

Owner Telephone Number(s) _____

Dog and household information

Name: _____ Breed _____ My dog is a: Male ___ Female ___

Age: Years _____ Months _____ Spayed _____ Neutered _____ Not Altered _____

Why are you surrendering this dog? _____

How long have you had this dog? _____

Where did you get this dog? _____

Your relationship to the dog? _____

Is this dog micro chipped? Yes _____ No _____ Unsure _____

Including yourself, how many people of the following ages live in your house? *Please fill in the boxes.*

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

What other animals did your dog live with? No other animals in household _____

Dogs _____ Cats _____ Other (describe) _____

Dog's Medical Information

Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?

No _____ Don't know _____ Yes, explain _____

Does this dog have / had any known medical issues? No _____ Yes, please explain _____

What vet clinic do you use? _____ Phone: _____

What type of food do you feed the dog? _____

Is there any type of food / treat the dog particularly likes? _____

Check if your dog has ever shown any of the following behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/ growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

Is your dog currently on any medication or special diet? No _____ Yes, please describe: _____

Dog's Behavioral Information

Does the dog have any of the following behavioral issues? Please explain each issue. (Please be honest, it will let us know what things we should work on with the dog)

Separation or other Anxiety, explain: _____

Chewing, explain: _____

Excessive Barking, explain: _____

Digging, explain: _____

Inappropriate Urinating, explain: _____

Begging, explain: _____

Chasing (cars, animals, people, etc.), explain: _____

Protective of house, family, etc., explain: _____

Jumping up, explain: _____

Biting, explain: _____

Aggression, explain: _____

Fear of loud noises / objects, explain: _____

Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dog, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Shows teeth/growls	Snap	Bite	None of these	Do not know
Men					
Women					

Children					
Dog					
Other domesticated animal species (cat, livestock, etc.)					

Describe your dog's interaction with children: _____

Describe your dog's interaction with cats: _____

Describe your dog's interaction with other dogs: _____

Describe your dog's interaction with strangers: _____

Has this dog ever killed or injured another animal: _____

When your dog plays, does he/she typically... *Please check all that apply.*

Jumps or Growls _____ Barks _____ Bites lightly _____ Bites hard _____ None of these _____

What toys does your dog like?

Balls _____ Frisbee _____ Plush _____ Squeaky _____ Tug Toy _____ None _____

Other, explain: _____

What games does your dog like?

Fetch _____ Tug _____ Chase _____ Wrestling _____ None _____

Other, explain _____

Where does your dog spend most of his/her time?

Inside the house, runs free _____ Inside the house, in crate _____ Outside the house, runs free _____ Outside the house, in cage / crate _____ Outside the house, tied _____

How long is your dog left alone, without people, during the week? (circle one)

Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

Has your dog been crate trained? Yes _____ No _____

Where does your dog usually sleep overnight? Cage / Crate _____ Floor _____

Dog bed _____ Couch / chair _____ Owner's bed _____ Other explain: _____

Can your dog be trusted to be home alone for extended periods? Yes _____ No, explain: _____

Is your dog housebroken? Yes _____ No _____

Does your dog know any commands? No _____ Yes, please explain _____

Has the dog had any formal obedience training? Yes _____ No _____

Does your dog walk good on a leash? Yes _____ No _____

Does your dog have problems riding in the car? No _____ Don't know _____

Yes, please explain _____

Has your dog escaped your property 2 or more times in the last 6 months? No _____ Yes, please explain _____

Other Information

Would it be okay if the new adopters of this dog contacted you? Yes _____ No _____

Can you think of any additional comments that will help us place and keep your dog in a new home? _____

