



## Shelter Intake Form -Dog

### Requirements at Intake: (Must Have)

- Valid Lake Havasu City ID
- Medical records including rabies Certificate

### General Information

1. Dog's Name \_\_\_\_\_ 2. Age (birthday if known) \_\_\_\_\_

3 Sex  Female  Male Spayed/Neutered  Yes  No  Unknown

4. Where did you acquire your dog? \_\_\_\_\_ 5. How long have had your dog? \_\_\_\_\_

6. What issues are you having with keeping your dog?

Pet's Behavior  Pet's Health  Owner's Health  Finances  Housing  Family

### Medical & Dietary Information

1. When was the last time your dog was seen by a veterinarian? \_\_\_\_\_

2. Name of Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Dogs current medications (If any): \_\_\_\_\_

4. Describe any past or present health problems or injuries: \_\_\_\_\_

5. List any allergies your dog may have: \_\_\_\_\_

6. Food and Schedule  Dry  Canned  Table Scraps  Prescription  Other \_\_\_\_\_

Free Fed  Feeding Schedule \_\_\_\_\_ Brand(s): \_\_\_\_\_

Favorite Treats: \_\_\_\_\_

### Personality Profile

1. What is your dog's personality like? (Mark all that apply)

Cuddly  Affectionate  Mouthy  Curious  Energetic/Active  Jumpy  
 Playful  Independent  Goofy  Talkative  Calm/Gentle  Outgoing  
 Shy  Couch Potato  Fearful  Other \_\_\_\_\_

2. What does your dog like to play with: (Mark all that apply)

Ball  Frisbee  Kong/Treat Filled Toy  Squeaky/Soft Toy  Hard Toy  Tug Toy  Bone  Stick  
 Water  Laser Pointer  His/her Tail  Other Dogs  Cats  Puzzle Toy  Other \_\_\_\_\_

3. What commands does your dog know: (Mark all that apply)

Sit  Stay  Down  Paw  Place  Rollover  Come  Fetch  Other \_\_\_\_\_

4. How do you exercise your dogs? (Mark all that apply)

Leashed walks/run  Play in yard  Dog Park  Hiking  Daycare  Swim  None  Other \_\_\_\_\_

## Home Environment and Behavior

1. Including yourself, indicate the age ranges of people your dog has lived or interacted with: (Mark all that apply)

- Senior  Adults  Children under 5 years  Children between 6-12 years  Children between 13-17 years

2. How does your dog react to children: (Mark all that apply)

- Friendly/Playful  Avoids  Fearful  Unpredictable  Roughhouses  Clam/Easygoing

- Calm/Easygoing  Snappy  Gentle  Growls/Barks  Never Been around

3. Please indicated which animals Your dog is compatible with: (Mark all that apply)

- Dogs (Circle all that apply) Male / Female / Small / Large /Puppy /Adult /Senior

- Cat (Circle all that apply) Male / Female / Small / Large /Puppy /Adult /Senior

4. How does your dog behave around other animal(s): (Mark all that apply)

- Friendly  Tolerates  Unpredictable  Easygoing  Fearful  Playful  Barks/Growls  Snappy  Roughhouses

- Chases  Avids  Jumps On  Get stiff/Freezes  Respectful

- Resource Guards with (circle all that apply) Food / Toys / Treats

5. How does your dog behave around food, toys and treats with people? (Mark all that apply)

- Does nothing  Take nicely  Takes roughly

6. Describe your dog's behavior when (Mark all that apply)

At the dog park:  is great  didn't go well  never been  Other \_\_\_\_\_

On walks:  Calm  Excited  Fearful  Other \_\_\_\_\_

In the Car:  Calm  Excited  Fearful  Created  Other \_\_\_\_\_

Bathed/ Nails Trimmed:  Calm  Excited  Does not allow  Other \_\_\_\_\_

Handled by the vet:  Calm  Excited  Fearful  Does not allow  Other \_\_\_\_\_

7. Does your dog display any of the following behavior(s)? (Mark all that apply)

- Escapes Yard  Chews inappropriate things  Pulls on leash  Digs  Other \_\_\_\_\_

- Inappropriate Noises  Chases (circle all that apply) Wildlife / Dogs / Cats/ Joggers / Vehicles / Bicycles

8. Is your dog housebroken? (Mark all that apply)  Yes  No  Partially  Only when crated  Puppy pads

9. Where does your dog: (Mark all that apply)

Live:  House  Apartment  Garage  Outside in yard/Pen  Inside in crate/Round pen

Sleep:  On furniture  Floor  Dog bed  On People  Outside in the yard  Crated/gated area

Stay when alone:  Free in home  Inside garage  Outside in yard  Crated or gated area

10. Is your dog frightened of anything? (Mark all that apply)

- Men  Women  Children  Strangers  Vet/Groomers  Fireworks  Thunder  Vacuum  Crate  Bikes/Skateboards

- Cars  Loud voices/Yelling  Being left alone  Other \_\_\_\_\_

11. Please describe any body parts your dog does not like being touched and what is the reaction?

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12. Has your dog ever bitten a person or animals?  No  Yes, Give details \_\_\_\_\_

\_\_\_\_\_

13. Date of Last Bite Incident: \_\_\_\_\_

**More info if needed:**

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**Owners' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Customer Service Signature:** \_\_\_\_\_

**Intake Staff Signature:** \_\_\_\_\_