



DOG QUESTIONNAIRE for courtesy posting to Petfinder.com

Please return the form to poochmatch@hotmail.com along with 3 digital photos of your pet or return the questionnaire by fax to 909-886-7470.

Date: _____

Owner's Name _____

Address _____

Home Phone: _____ Cell/Work Phone: _____

Dog's Name _____ Breed _____ Sex _____ DOB/Age _____

Weight _____ Microchip # _____

Identifying characteristics (color/markings) _____

Neutered/Spayed? (Y/N) _____

Temperament, Demeanor, (low energy, calm, active) _____

Where did you get the dog? Please circle:

Pet Store Shelter Breeder Other _____

Name and address of breeder _____

Have you contacted the breeder? Yes ___ No ___ N/A ___

What was the response? _____

If from a shelter, did they request return of the dog? Yes ___ No ___

How long have you owned this dog? _____

Diet dog has been receiving : (brand/amount) _____

Housebroken? Yes ___ No ___ Good with cats? Yes ___ No ___ Noisy? Yes ___ No ___

Jumper? Yes No

Good with children? Yes ___ No ___ Good with other dogs? Yes ___ No ___

Has this dog had any obedience training? Yes ___ No ___

List commands, skills, i.e. walks well on a leash _____

Any behavioral problems? _____

Has dog killed/chased other animals? If yes, describe _____

Has dog ever bitten a person? (If yes, describe) _____

Did wound or dog bite require medical attention? Yes ___ No ___

No: Was bite reported to animal control? Yes ___ No ___

Was dog quarantined? Yes ___ No ___

What brought on this bite? _____

Does dog growl when you take away its food or toys? Yes ___ No ___

Does dog snap or nip at people? Yes ____ No ____

What causes this behavior? _____

What does the dog like best? _____

What does the dog dislike? _____

What does the dog fear? _____

Why is this dog up for adoption?

Have you tried to place this dog yourself? (Describe)

What is the most appealing thing about this dog?

What is the dog's biggest fault?

Dog has spent (check all that apply and indicate amount of time in days/week/
months/years):

- Indoors
- Crated
- Basement
- Garage
- Fenced Yard
- Tied Out
- Loose unfenced
- Kennel run
- Other

Dog has spent nights (check all that apply and indicate amount of time in days/
week/months/years):

- Indoors
- Crated
- Basement
- Garage
- Fenced Yard
- Tied Out
- Loose unfenced
- Kennel run
- Other

HEALTH HISTORY:

Name and telephone number of Veterinarian who has cared for this dog:

Health history:

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Does the dog have physical problems or is he/she on medication for any reason?
Yes ____ No ____ Describe

Date of last rabies immunization? _____ heartworm test: _____
DHLPP: _____ Worming _____ Other _____

Do you understand that all dogs placed by Poochmatch must be spayed or neutered
as terms of adoption? Yes ____ No ____