

## Dog and Puppy Rehoming Profile

**Interviewed By** (staff/volunteer name) \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Dog Information:

Name: \_\_\_\_\_

Breed/Age: \_\_\_\_\_

Animal ID #:  
\_\_\_\_\_

**Profile Complete**                      **Date:** \_\_\_\_\_

**Reviewed By** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Appointment Booked**                      **Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Dog & Puppy Rehoming Profile

### General Information

Dog's Name: _____	Breed: _____	Age: _____
Gender: _____	Spayed/Neutered: _____	Colour: _____
ID Type: Microchip _____	Tattoo _____	No ID _____

### History

How long have you had your dog? Has he been re-homed in the past?  
\_\_\_\_\_

Why do you need to re-home your dog?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we could provide you with support (behaviour/supplies/other), would you be interested in keeping your dog?  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog bitten or scratched any **person or animal** in the past 10 days? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", under what circumstance(s) did the bite(s) occur?  
\_\_\_\_\_  
\_\_\_\_\_

If "Yes" (person), has it been reported to Public Health? \_\_\_\_\_

If "Yes", was your dog quarantined by Public Health? \_\_\_\_\_

Have you noticed any coughing with your dog in the past week?  
If "Yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_

In the last 7 days, has your dog been in close contact with other dogs, (e.g. rescue, boarding, groomer, daycare, dog park, pet supply store or veterinary clinic)?  
If "Yes" please provide a brief description of the contact:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical & Diet

When was the last time your dog visited a veterinarian? For which service (e.g. annual appt., emergency, illness)?

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When was the last time your dog received vaccinations? Do you know which ones?

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Has your dog suffered any physical trauma or had surgery?

If "Yes", please explain:

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Has your dog been diagnosed with and/or treated for any of the following: (*circle all that apply*)

Allergies    Joint or muscular problems    Heart murmur    Epilepsy or seizures    Dental

Thyroid disease    Tumors    Organ failure    Urinary tract infection    Diabetes

Any other known medical concerns? (please explain)

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Is your dog currently receiving any medication?    Yes \_\_\_\_\_    No \_\_\_\_\_

If "Yes", for what medical diagnoses, what medication, dosage, how long, etc:

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What brand of food is your dog currently eating? Specialty Diet?

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Does your dog eat (circle all that apply): Dry Only    Canned Only    Both Dry & Canned

Other (explain) \_\_\_\_\_

Describe your dog's feeding routine (e.g. go out for a pee then come in and eat 1 cup of food in the morning)?

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Are we able to contact your veterinarian for release of your dog's medical records?    Yes \_\_\_\_\_    No \_\_\_\_\_

\* If yes, please complete and sign the "Release of Medical Information and Veterinary Records" form

Is there anything else you would like us to know regarding your dog's overall health? \_\_\_\_\_

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## Lifestyle & Behaviour

How would you describe your dog's personality?

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What are your dog's best traits?

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What are your dog's worst habits?

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Can you describe how your dog behaves around children?

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Does your dog prefer a specific person in the family more than others?

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Has your dog lived with other dogs? How do/did they interact?

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What does your dog do when meeting a new dog, or walking past another dog on the street?

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Have you taken your dog to an off-leash dog park? If yes, how does your dog play with other dogs? (e.g. play bows, rough and tumble, barks, chases, growls, nips, etc.)

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Is your dog's behaviour different around bigger dogs, smaller dogs, opposite or same gender?

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Has your dog ever stayed at a boarding facility? What was that like for them?

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Has your dog lived with cats or other animals? How do/did they interact?

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What is your daily routine with your dog?

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What are your dog's favourite activities and toys (e.g. fetch, tug, swimming, sleeping, rope toy)?

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Is your dog housetrained? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasional Accidents \_\_\_\_\_

If "No" or "Occasional Accidents", please explain:

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Where does your dog stay when left alone (e.g. crate, free roam of house)?

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How does your dog behave when you leave the home (e.g. sleeps, chews items, has accidents)?

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Where does your dog sleep (e.g. in crate, on your bed)?

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What type of training has your dog received (e.g. professional trainer, trained by owner)?

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How is positive behaviour handled (e.g. your dog sits when asked)?

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How is negative behaviour handled (e.g. your dog does not sit when asked)?

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What motivates your dog (e.g. food, toy, attention)?

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When on leash, how does your dog behave (e.g. pulls, walks beside you)?

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What walking tools do you use, or have worked for you (e.g. regular collar, harness, gentle leader, choke chain, prong, e-collar)?

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How does your dog behave when off-leash (e.g. comes when called, wanders and does not come when called, stays beside you, etc.)?

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What verbal cues does your dog respond to (e.g. sit, down, off)?

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Has your dog ever shown a negative behaviour (e.g. growling, nipping, snapping) toward (circle all that apply):

Food    Bones/Treats    Toys    Being bothered when sleeping    Handling/Restraint    Veterinarian  
New people/Strangers    Nail Trimming

If any of the above are circled, please explain:

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## Release of Medical Information and Veterinary Records

I, \_\_\_\_\_, hereby request that \_\_\_\_\_  
(Print Name) (Veterinary Clinic)

release any information pertaining to \_\_\_\_\_ contained in the  
(Name of Animal)

veterinary records at the \_\_\_\_\_ to the Ontario SPCA.  
(Veterinary Clinic)

Printed Name of Owner: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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

Printed Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

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