

# Dog and Puppy Rehoming Profile

Date:

## Owner Information

Name:

Email:

Address with Postal Code:

## Dog Information

Dog's Name:

Breed:

Colour:

Age:

Gender: MALE

FEMALE

Spayed/Neutered: YES

NO

ID Type: Microchip

Tattoo

No ID

Reason for Rehoming:

## History

If we could provide you with support (behaviour/supplies/other), would you be able to keep your dog?  
YES NO

Has your dog bitten or scratched any **person or animal** in the past **10 days**? YES NO

Has your dog bitten in the past? YES NO

**\*If "Yes" please fill out the "Bite History Profile" at the back of this package**

Has your dog ever been to a Vet? YES NO

Are your dog's Vaccines up to date? YES NO

If "Yes", when was their last vaccine?

Does your dog currently have any medical issues? YES NO

If "Yes", please describe:

Have you recently noticed any of the following?

Seizures

Eye discharge

Bad breath

Sneezing

Diarrhea

Vomiting

Coughing

Difficulty urinating

Changes in water consumption/urination

Any dental concerns (e.g. gagging, drooling, red gums)

Other:

At the Vet, my dog reacts:

Well

Aggressive

Nervous

Scared

Shutdown

Fearful/Tense

Must be muzzled

Must be sedated

Has pre-visit medications

Never taken to the Vet

**General Information**

How long have you had your dog? \_\_\_\_\_ Rehomed in the past? YES NO

How did you acquire your dog?:

Pet Store Friend Newspaper/Internet Stray Breeder  
Shelter/Rescue: \_\_\_\_\_ Other: \_\_\_\_\_

How old was your dog when you acquired him/her?

Have you done any training in the past? YES NO

My dog has done:

Positive Reinforcement Training Puppy Training Agility Training  
Protection Training Clicker Training Self Trained  
Other: \_\_\_\_\_

If so, where and when?

What kind of food do you feed your dog?

Only dry Only canned Mix of dry/canned Special diet

Brand of food: \_\_\_\_\_

How is your dog fed? Free fed (left out all day) Once a day Twice a day

My dog is used to living in a(n):

Apartment/Condo House with no/small yard House with large yard  
Farm or rural property Other: \_\_\_\_\_

My dog is house trained: YES NO Occasional Accidents

When I'm home, my dog is kept: Indoors Outdoors Both

When I'm not home, my dog is kept:

In a crate Confined to a room/basement Loose in the house Tied up  
Outside Depends on the weather Other: \_\_\_\_\_

On average, how many hours a day is your dog left alone?

When left alone, my dog:

Is calm Will go lay down Play with toys Looks out the window Sleeps  
Vocalizes Is destructive Will have accidents Paces Pants, Drools, Shakes

How many times a day do you walk your dog and for how long?

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

What motivates your dog?

Food Toys Social Praise Play None of the above

When driving in the car, my dog is:

Enjoying the ride Nervous Car sick Sleeping Aggressive

**Behaviour**

I would describe my dog as:

Friendly	High energy	Calm	Playful
Affectionate	Aggressive	Jumpy/Mouthy	Aloof
Outgoing/confident	Destructive	Vocal	Fearful
Shy with new people	Low maintenance	Independent	Crate Trained

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

**Children**

My dog is used to:

Living with children	Visiting with children	Has never had contact
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My dog:

Enjoys being with children	Tolerates children	Is nervous of children
Is aggressive toward children		

**Other Dogs**

My dog is used to:

Living with other dogs	Visiting other dogs	Has never had contact
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My dog:

Enjoys being with other dogs	Becomes very excited around dogs	Tolerates dogs
Is nervous of other dogs	Is aggressive toward dogs	

**Cats**

My dog is used to:

Living with cats	Visiting with cats	Has never had contact
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My dog:

Enjoys being with cats	Tolerates cats	Is nervous of cats	Chases cats
Is aggressive towards cats			

**Strangers**

Around **women** my dog does not know, he/she is:

Friendly	Nervous	Hyper and Excited	Cautious but friendly	Aggressive
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Around **men** my dog does not know, he/she is:

Friendly	Nervous	Hyper and Excited	Cautious but friendly	Aggressive
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**New Environments**

In unfamiliar environments, my dog is:

Friendly/Outgoing	Nervous	Fearful	Avoidant	Investigative
Fleeing/Retreating	Aggressive			

**My dog is afraid of:**

What does your dog do when frightened? (e.g. runs away, goes to bed, tries to bite)

**Has your dog ever shown defensive behaviours (e.g. growling, nipping, snapping) toward you (check all that apply) when you approach:**

Food	Bones/Treats	Toys	Being bothered when sleeping
Handling/Restraint	New people/Strangers		Nail Trimming/ Grooming
When putting on equipment (harness, leash, collar, etc.)			When taking them off furniture
When crating	Other:		

If any of the above are circled, please explain:

What equipment do you or have you used previously with your dog?

Flat collar	Body harness	Head halter	Martingale collar
Prong collar	” Choke” chain	Electric collar	Slip lead
Flat leash	Retractable leash	Long Line	

Is there anything you feel we should know about your dog?

## 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:

**Bite History Profile**

**\*Please complete this section ONLY if your dog has bitten in the past\***

Did the bite break skin? YES NO

If "Yes", was your dog quarantined by Public Health? YES NO

What were the circumstances surrounding the bite? (e.g. on leash vs off leash, around food, toys, people, etc..)

What did your dog do before the bite occurred? (growl, snarl, posture, attempt to leave, etc.)

Describe where on the body the bite was located.

Did the bite require medical attention? YES NO

If "Yes", please describe the treatment needed

Who was involved in the bite incident?

Man	Known	Unknown	
Woman	Known	Unknown	
Child (Age: )		Known	Unknown

Other Animals:

Other: