

Owner Information

Name:

Person Shelter Buddy ID:

Email:

Address

Postal Code:

Phone:

Animal Information

Animal Name:

Animal ID:

Species/Breed:

Colour:

Age:

Gender: Male

Female

Spayed/Neutered: YES

NO

ID Type: Microchip _____ Tattoo _____ No ID

Why do you need to rehome your dog? Please check all that apply.

	Abandoned/unwanted	i.e. Unwanted litter, Found, Too many animals
	Aggression towards people and other animals	i.e. Scratching, Biting, Growling, Hissing
	Behaviour and training challenges	i.e. Vocal, Anxiety/Destruction, House/Litter training, Chases other animals, Escapes
	Animal has passed away	i.e. Owner needs assistance with after care for pet who has passed away
	Euthanasia request	i.e. Euthanasia request by owner
	Expense/affordability	i.e. Sudden expenses for animal, Vet bills, Food, General care
	Health of animal	i.e. Illness, Injury, Pregnant, Unable to continue medical care
	Health of owner/family	i.e. Death of Owner, Illness, Allergies, etc.
	Housing	i.e. Loss of housing, Moving and unable to bring pet, Landlord issues, House fire, Choice between animal or rent/mortgage
	Lifestyle changes	i.e. Divorce/Separation, Marital conflict over animal, New baby, Career, School, Incarceration
	Not compatible/not a good fit	i.e. Animal is not compatible with owner's lifestyle or expectations, Personality, Children and animal don't get along, Wrong temperament, Animals in house don't like new animal

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 you answered "Yes" to your pet biting please fill out the "Bite History Profile" at the back of this package**

How would you describe your home?

Do you have children or adults living with you?

Children

Adults

If so what ages?

Do you have any other pets in your home?

YES

NO

If yes, what type of animals and ages?

Has your dog ever been to a Vet while in your care?

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:

Is your dog currently on any medication?

YES

NO

If "Yes", please list:

When was the last dose of medication given?

When is the next dose due?

Were any doses of medication missed?

YES

NO

Have you recently noticed any of the following?

Seizures

Eye discharge

Sneezing

Diarrhea

Vomiting

Coughing

Difficulty urinating

Changes in water consumption/urination

Dental concerns (e.g. Bad breath, gagging, drooling, red gums)

Other

At the Vet, your dog reacts:

Friendly

Aggressive

Nervous

Scared

Shut down

Must be sedated

Fearful

Has pre-visit medications

Never taken to the vet

Must be muzzled

General Information

How long have you had your dog?

Has your dog been rehomed in the past? YES NO

How did you acquire your dog?

Pet Store

Friend

Stray

Breeder

Shelter/Rescue

Ad/Social Media

Other

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

Have you done any training? YES NO

What level/type of training has your dog had? (select all that apply)

Puppy Training Agility Training Protection Training Clicker Training Self Trained
 Positive Reinforcement Training Other

Where and when?

What kind of food do you feed your dog? Dry Canned only Mix dry/canned Special diet

What brand of food do you feed your dog?

How is your dog's appetite? Eats everything Grazes Picky

How is your dog fed? Free fed (food available all day) Once a day Twice a day Other

Your dog is used to living in a(n): Apartment/Condo House with no/small yard
 House with large yard Farm or rural property Other

Is your dog house trained: YES NO Occasional Accidents

If your dog has occasional accidents please describe, include frequency and any steps you took to try to prevent them.

When you are home, your dog is kept: Indoors Outdoors Both

When you are NOT home, your dog is: Confined to a room/basement Loose in house In a crate
 Tied up Outside Depends on the weather Other

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

When left alone, your dog: Vocalizes Sleeps/lays down Play with toys Shakes
 Has accidents Calm Destructive Looks out window Paces Pants/Drools
 Unsure

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 these mentioned

When riding in the car, your dog is:

Enjoying the ride Nervous Car sick Sleeping Aggressive Excited Barking

Behaviour

How would you describe your dog?

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

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

What best describes your dog's behavior in each of the following situations

Children

Lives with children	Likes to visit children	No contact	Nervous	Aggressive
Enjoys children	Tolerates children			

Other Dogs

Lives with other dogs	Likes to visit dogs	No contact	Chases	Aggressive
Enjoys other dogs	Tolerates dogs	Hyper and excited	Nervous	

Cats

Lives with cats	Likes to visit cats	No contact	Chases	Aggressive
Enjoys cats	Tolerates cats	Hyper and excited	Nervous	

Strangers

Unfamiliar Woman

Friendly	Nervous	Hyper and excited	Cautious	Aggressive
Fearful/Avoids				

Strangers

Unfamiliar Man

Friendly	Nervous	Hyper and Excited	Cautious	Aggressive
Fearful/Avoids				

New Environments

Friendly/outgoing	Nervous	Fearful	Avoidant	Aggressive
Flees/retreats	Investigative			

How did you introduce your dog to new situations/people?

Your 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 behavior (e.g., growling, nipping, snapping) when you approach them in any of the following situations? Check all that apply

While eating	Has a bone or treat	Putting on harness, leash, collar
Handling/restraint	Around unfamiliar people	Nail trimming/grooming
Playing with a toy	While sleeping	Removing them from furniture
Placing them in a crate	Other	

If any of the above are checked, 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 _____ release any information pertaining to
(Print Name) (Veterinary Clinic)
_____ contained in the veterinary records at _____ to the Ontario SPCA
(Name of Animal) (Veterinary Clinic)
and Humane Society

Printed Name of Owner: _____ Signature of Owner: _____

Printed Name of Witness: _____ Signature of Witness: _____

Date: _____

Bite History Profile

Please complete this section ONLY if your dog has a bite history

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 information:		