

# BCSPCA

## DOG INTAKE SOCIAL HISTORY FORM

<b>FOR INTERNAL USE ONLY</b>	
<b>Date:</b>	<b>Received by:</b>
<b>SBID:</b>	<b>Person SBID:</b>

<b>Dog's Name:</b>		<b>Breed:</b>
<b>Birth Date:</b>	<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <b>Neutered/Spayed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Why are you giving up your dog?</b>		
<b>How long have you had your dog?</b>		
<b>Is your dog:</b> <input type="checkbox"/> Housetrained <input type="checkbox"/> Partially housetrained <input type="checkbox"/> Paper trained <input type="checkbox"/> Not housetrained		
<b>When was the last time your dog went to the washroom inside?</b>		
<b>How often does your dog need to go outside for a washroom break?</b>		
<b>Has your dog received formal obedience training?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?		
<b>Describe the type of training:</b>		
<b>Training company name/ trainer's name:</b>		
<b>Does your dog know cues like:</b> <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Come <input type="checkbox"/> Down <input type="checkbox"/> Heel <input type="checkbox"/> Fetch		
<b>Any other tricks or cues?</b>		
<b>My dog's behaviour tends to be:</b> <input type="checkbox"/> Shy <input type="checkbox"/> Friendly <input type="checkbox"/> Aggressive <input type="checkbox"/> Fearful <input type="checkbox"/> Calm <input type="checkbox"/> Protective <input type="checkbox"/> Playful <input type="checkbox"/> Active <input type="checkbox"/> Hyperactive <input type="checkbox"/> Aloof <input type="checkbox"/> Talkative <input type="checkbox"/> Cuddly <input type="checkbox"/> Nervous <input type="checkbox"/> Anxious		
<b>Does your dog tend to:</b> <input type="checkbox"/> Dig <input type="checkbox"/> Chew <input type="checkbox"/> Fight (with other dogs) <input type="checkbox"/> Run away <input type="checkbox"/> Howl <input type="checkbox"/> Bark <input type="checkbox"/> Nip <input type="checkbox"/> Jump Fences <input type="checkbox"/> React to uniform people <input type="checkbox"/> React to men <input type="checkbox"/> React to women <input type="checkbox"/> React to strangers <input type="checkbox"/> React to other dogs <input type="checkbox"/> React to children <input type="checkbox"/> Chase moving objects (cars, bikes, cats, squirrels) <input type="checkbox"/> Playful with other dogs <input type="checkbox"/> Playful with children <input type="checkbox"/> Playful with cats		
<b>When left alone, your dog is usually confined to:</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Goes in/out via pet door <input type="checkbox"/> Indoors in a kennel – size (LxWxH)= <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors <input type="checkbox"/> Outdoors on a chain <input type="checkbox"/> Outdoors in a kennel – size (LxWxH) = <input type="checkbox"/> Stays in fenced yard – height = <input type="checkbox"/> Stays in unfenced yard <input type="checkbox"/> Stays in neighbourhood		
<b>Has this been a successful confinement arrangement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

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<b>Does your dog live outside?</b> <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Has indoor/ outdoor access	
<b>Has your dog ever lived indoors?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What does your dog do when you're not home?</b> <input type="checkbox"/> Sleeps <input type="checkbox"/> Relaxes <input type="checkbox"/> Goes to neighbours <input type="checkbox"/> Crate trained <input type="checkbox"/> Barks <input type="checkbox"/> Doesn't like being left alone <input type="checkbox"/> Other (describe):	
<b>How many hours a day is your dog use to being left alone?</b>	
<b>Where is your dog use to sleeping?</b>	
<b>How is your dog during car rides?</b> <input type="checkbox"/> Good <input type="checkbox"/> Anxious/Nervous <input type="checkbox"/> Rarely been in a car <input type="checkbox"/> Never been in a car	
<b>Has your dog lived peacefully with:</b> <input type="checkbox"/> Cats <input type="checkbox"/> Other dogs <input type="checkbox"/> Indoor birds <input type="checkbox"/> Poultry <input type="checkbox"/> Livestock	
<b>Is your dog ok with children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Sometimes – Specify age range:	
<b>Has your dog bitten a human?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Who was this person?</b> <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Family member <input type="checkbox"/> Stranger <input type="checkbox"/> Person they knew	
<b>Where on the body did your dog bite the person?</b>	
<b>Did they bite through clothing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My dog bit the person multiple times:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>My dog bit and held on:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the bite cause the person an injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Bruising <input type="checkbox"/> Shallow punctures <input type="checkbox"/> Deep punctures <input type="checkbox"/> Other (describe)	
<b>Does your dog play with other dogs?</b> <input type="checkbox"/> Occasionally <input type="checkbox"/> All the time <input type="checkbox"/> Rarely	
<b>Has your dog been in a dog fight and bitten another dog?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>My dog bit and held on:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>My dog bit and shook the other dog:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If there were injuries to either dog, describe them:</b>	
<b>Did either dog go to the vet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has your dog ever caused another animal's death?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>How many fights has your dog been in?</b>	
<b>What brand and type of food is your dog used to eating?</b>	



**DOG INTAKE SOCIAL HISTORY FORM**

<b>What is your dog's eating schedule?</b>
<b>Has your dog been vaccinated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>For what?</b> <span style="float: right;"><b>Date:</b></span>
<b>Any illnesses, conditions, allergies, or injuries?</b>
<b>Does your dog require medications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If yes, please list:</span>
<b>Does your dog require vet care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If yes, please describe:</span>
<b>Please make any other comments on your dog's behaviour would aid the BC SPCA in finding a suitable home:</b>