



Bucks County Society for the Prevention of Cruelty to Animals

AN INDEPENDENT NON-PROFIT ORGANIZATION

CHARTERED DECEMBER 18, 1912 BY THE COMMONWEALTH OF PENNSYLVANIA

WWW.BCSPCA.ORG

Bucks County SPCA Dog Intake Questionnaire

Your Name _____ Phone Number _____

Dog's Name _____ Age _____ Sex _____ Date _____

What is the reason you are surrendering your dog? _____

Where did you get the dog? _____ How long have you had the dog? _____

Has the dog previously been in a shelter or rescue? Y / N Name of shelter/rescue _____

Does the dog have any history of aggression? Y / N Towards Whom? _____

Has the dog ever: Showed Teeth Y / N Growled Y / N Snapped Y / N Bitten Y / N Made you nervous Y / N

Has the dog ever broken skin? Y / N What were the circumstances? _____

Has the dog ever displayed any possessive behavior? Y / N Over what items? _____

Does the dog chase any: Cats Y / N Small Animals Y / N Cars/Motorcycles/Bikes Y / N Children Y / N Joggers Y / N

What happens if the dog makes contact with what he/she is chasing? _____

Describe the dog's behavior if he/she meets another dog on or off leash _____

Describe the dog's behavior towards other dogs in the home _____

Please list the animals in your home _____

Describe how the dog behaves with the other animals in your home _____

Describe any aggression seen towards other dogs _____

Does the dog have a fenced yard? Y / N What type of fence? _____ Stays in the fenced yard? Y / N

Describe how the dog behaves when meeting strangers or when new people come to the house _____

Describe how the dog behaves with children _____

Has the dog lived with children? Y / N Ages _____

Describe how the dog behaves when crated _____ Is the dog housetrained? Y / N

Describe how the dog behaves at the vet _____

Describe your dog's behavior when you handle ears/head/feet/teeth _____

Any known medical concerns? _____ What food are you feeding your dog? _____

What commands does the dog know? _____ What trainer have you worked with? _____

What are your dog's best qualities? _____

What are the most difficult qualities? _____

Has the dog ever been to a vet? Y / N Veterinary Clinic _____

May we contact you if needed? Y / N Do you want to reclaim the dog if he/she is not an adoption candidate? Y / N