



# Adopt A Boxer Rescue

[www.AdoptABoxerRescue.com](http://www.AdoptABoxerRescue.com)



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877 570 0360 email: [Surrender@adoptaboxerrescue.com](mailto:Surrender@adoptaboxerrescue.com).

## **DOG INTAKE QUESTIONNAIRE**

*Note: To complete this form in your Word program, simply tab from field to field, typing your information in the appropriate spaces. To place an "X" in a check-box, position your cursor over the box, and click on it.*

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

Please answer the following questions pertaining to the dog you are surrendering. This information will be extremely helpful to us:

1. So that we may place the animal in a suitable/compatible home
2. To give new/prospective owners an overall history of the dog they are planning to adopt
3. To help make the transition to a new home as stress-free and smooth as possible for the animal.

Please feel free to add ANYTHING pertaining to the animal that would be helpful for the well-being of the dog and new owner. Please be **truthful** and **honest** when answering the questions.

Thank you for your help and cooperation.

## **Adopt A Boxer Rescue**

### **Owner Information**

Owner's Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## AABR DOG INTAKE QUESTIONNAIRE

### General

1. Dog's Name \_\_\_\_\_  
List of nicknames you call the dog: \_\_\_\_\_
2.  Male  Female
3. Reason for surrender \_\_\_\_\_
4. How long have you had this dog? \_\_\_\_\_
5. Dog's age: \_\_\_\_\_  
Date of birth, if known: \_\_\_\_\_
6. Did you get this dog as a puppy?  Yes  No  
If yes, where did you get the puppy? \_\_\_\_\_  
If no, indicate where and when you obtained the dog: \_\_\_\_\_
7. Purebred  Mix  Mixed with? \_\_\_\_\_

### Feeding

8. How many times a day is the dog fed?  
 Once  
 Twice  
 More than twice  
 Free choice feeder  
 Other
9. What type of food does the dog regularly eat:  
 Dry: What brand? \_\_\_\_\_  
 Canned: What brand? \_\_\_\_\_  
 Dry and canned combined  
 Dry food that is moistened with liquid  
 Table scraps  
 Other (specify) \_\_\_\_\_
10. How much is the dog fed?  
\_\_\_\_\_ Cups food per meal
11. Any known food allergies:  
Is there any food that causes an allergic reaction or that does not "agree" with dog?  
 Yes  No Please specify: \_\_\_\_\_
12. Type of "treats" used:  
 Dog Treats - Brand name: \_\_\_\_\_  
 Human Treats - Please specify \_\_\_\_\_
13. Favorite foods/treats: Please list \_\_\_\_\_

## Communication and Training

14. Does the dog understand "English" as its primary language?  Yes  No  
If no, what language does dog understand? \_\_\_\_\_
15. Does the dog respond to or understand hand gestures/signals?  Yes  No  
If Yes, what are they? \_\_\_\_\_
16. Please list the words/terms the dog responds to/understands for the following:  
Urinate (i.e., tinkle, wee-wee) \_\_\_\_\_  
Defecate \_\_\_\_\_  
Bed-time \_\_\_\_\_  
Ride in the Car \_\_\_\_\_  
Other \_\_\_\_\_
17. List any other phrases/words the dog will respond to or understands, and explain the meaning of each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Has the dog had any formal obedience training?  Yes  No  
If yes, what type? \_\_\_\_\_
19. Does dog know basic commands?  
Sit  Yes  No  
Stay  Yes  No  
Down  Yes  No
20. What term or sound do you use for the word "NO?" \_\_\_\_\_
21. Is the dog used to being squirted by a water bottle or used to another type of deterrent for undesirable behavior?  Yes  No  
If Yes, what? \_\_\_\_\_
22. Does the dog know any kind of "tricks" like "roll over" or "speak"?  
 Yes  No If Yes what are they? \_\_\_\_\_

## Living Area

23. Where did the dog live?  
 Rural  
 Urban  
 Suburban  
 Farm
24. Did the dog live in:  
 House  
 Apartment  
 Condo

- Garage  
 Outdoors in dog house  
 Other - Please explain: \_\_\_\_\_
25. If dog lived inside, where did he/she sleep?  
 In its own bed  
 Furniture/couch  
 Floor  
 Crate  
 Cellar/basement  
 In bed with a human
26. In what room of the house is the dog used to sleeping? \_\_\_\_\_
27. Was dog allowed on furniture?  Yes  No
28. Was the dog left inside or outside when owner was at work or away from the home?  Inside  Outside
29. If left inside does dog have access to entire house, or is dog confined to a certain area or rooms? \_\_\_\_\_
30. How many hours a day was the dog alone, on average (no human present)?  
 8 hours or more  
 6-8 hours  
 6 hours or less - If less, about how long? \_\_\_\_\_  
 Occasional brief periods of about \_\_\_\_\_  
 Never
31. Is the dog housebroken?  
 Totally  
 Partially  
 Some "accidents" -  Urinate  Defecate  Both  
 Frequent "accidents" -  Urinate  Defecate  Both  
 Not housebroken
32. When the dog was let out/taken out to do it's business, was dog:  
 Walked on a leash  
 Free to roam/loose  
 Tied on a rope or cable  
 Allowed to roam in fenced yard
33. How often and what times of the day is the dog let outside? \_\_\_\_\_

## Exercise and Free Time

34. Does dog enjoy exercise?  Yes  No If yes, what exercise does dog enjoy?  
\_\_\_\_\_
35. How did you most often exercise the dog?  
 Ball throwing  
 Frisbee  
 Jog/run with owner  
 Free roam  
 Throw stick  
 Coach potato
36. What type of toys does dog enjoy/play with? Please list: \_\_\_\_\_  
\_\_\_\_\_
37. Favorite toy: \_\_\_\_\_

## Hygiene and Handling:

38. Where does dog enjoy being scratched? \_\_\_\_\_
39. Where does dog not like to be touched? \_\_\_\_\_
40. Please list dog's "like and dislikes" to the best of your knowledge  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
41. Is the dog tolerant of:  
Ears being cleaned  Yes  No  
Nails being trimmed  Yes  No  
A bath  Yes  No  
Grooming  Yes  No  
Water  Yes  No
42. Does the dog like to swim?  Yes  No
43. Does the dog enjoy car rides?  Yes  No  
Does the dog get motion/car sick?  Yes  No  
If yes, how did you treat/deal with it? List medication given, if any: \_\_\_\_\_  
\_\_\_\_\_
44. Please describe the temperament of the dog: \_\_\_\_\_
45. Is the dog "hand shy?"  Yes  No
46. Does the dog spook easily?  Yes  No  
Please check anything the dog is afraid of:  
 Loud noises/voices  
 Thunder  
 Men  
 Cars/car rides

- Veterinarian
- People in uniform
- Certain objects (broom, vacuum, etc.) \_\_\_\_\_
- Other \_\_\_\_\_

47. Please list any "bad habits" or behavioral problems the dog has:

- Chews furniture/clothing
- Digs holes
- Jumps fences
- Barks excessively
- Bites
- Separation anxiety: explain what dog does in exhibiting this behavior: \_\_\_\_\_

\_\_\_\_\_  
Not compatible with other animals?

- Dogs
- Cats
- Other - be specific: \_\_\_\_\_
- Other \_\_\_\_\_

48. Is the dog ever aggressive?  Yes  No

If yes, please explain: \_\_\_\_\_

49. Does dog tolerate:

- |                |                              |                             |                                     |
|----------------|------------------------------|-----------------------------|-------------------------------------|
| Small children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Other dogs     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Cats           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Birds          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Small animals  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Adults only    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

Other \_\_\_\_\_

50. Was dog an "only" dog, or in a multiple dog household?  Only  Multiple

List the age and sex of each of the other dogs in the household, and if they were spayed or neutered. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Medical

51. Spayed  Yes  No - If no, date of last heat \_\_\_\_\_

Neutered  Yes  No

52. Has dog ever been bred?  Yes  No  Don't Know

If so, when: \_\_\_\_\_

Has dog ever had puppies?  Yes  No

If yes how many litters, and date of last litter. \_\_\_\_\_

53. Any problems with eyesight?  Yes  No

54. Any problems with hearing?  Yes  No

55. Has dog ever been injured?  Yes  No If yes, please explain: \_\_\_\_\_

56. Has dog ever had a serious illness?  Yes  No

If yes, please explain: \_\_\_\_\_

57. Does dog have any chronic medical condition?  Yes  No

If yes, please specify: \_\_\_\_\_

58. Any known allergies?  Yes  No

Dust

Grass

Fleas

Specific Foods - list them: \_\_\_\_\_

Medicine - specify: \_\_\_\_\_

Other: \_\_\_\_\_

59. Is dog current with:

Shots  Yes  No Date given: \_\_\_\_\_

Heartworm  Yes  No

Rabies  Yes  No Date given: \_\_\_\_\_

60. Brand of heartworm preventative being used: \_\_\_\_\_

61. Date of month given: \_\_\_\_\_

62. Name, address and telephone of your veterinarian:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

63. Is dog presently on any medication?  Yes  No

Please list all medications: \_\_\_\_\_

Please feel free to list anything not covered in the above questions that you feel might help us. We need to know all we possibly can so that we may place the animal in a suitable home.

Thank you for your cooperation.

**Adopt A Boxer Rescue**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_