



Dog Intake Profile

The information provided here will help us evaluate and find your dog the best possible home. Please be as detailed as possible. Thank you.

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: ☐ Yes ☐ No Reason for Surrender _____

How long have you owned this dog? _____

Does your dog have a: ☐ Microchip ☐ Tattoo ☐ None

Microchip Number: _____

Has this dog lived with: (check all that apply) ☐ Other Dogs ☐ Cats ☐ Children

This dog lives: ☐ Indoors ☐ Outdoors ☐ Both

Is this dog house/potty trained? ☐ Yes ☐ No ☐ Partially

Does this dog mark its territory inside? ☐ Yes ☐ No

Does this dog repeatedly escape the yard and/or house? ☐ Yes ☐ No

If yes, how is the dog escaping?

Does this dog excessively bark or howl? ☐ Yes ☐ No

If yes, when does this happen?

What basic commands does this dog know? ☐ Sit ☐ Lay Down ☐ Stay ☐ Come

Does this dog know any special tricks?

Is this dog leash-trained? ☐ Yes ☐ No

Is this dog crate-trained? ☐ Yes ☐ No

Does this dog like to play with toys? ☐ Yes ☐ No

If yes, what kind of toys?

Behavior Information

Does this dog display any type of destructive behavior crate?

☐ Yes

☐ No If yes,

what is this behavior, and when does it occur?

Has this dog ever bitten anyone? ☐ Yes ☐ No

If yes, please explain in detail with date(s):

How does this dog get along with the following? You may use terms such as friendly, social, love, fearful, barks, growls, snaps, bites, attacks, unknown, etc.

Men:

Women:

Strangers:

Babies:

Children:

Cats:

Other dogs:

Medical Information

Please provide the name and contact information for your veterinarian:

When was this dog last seen by a veterinarian?

Has this dog ever required special surgery or medical attention? ☐ Yes ☐ No

If yes, please explain:

Is your dog on any special medication? ☐ Yes ☐ No If yes, what medication?

Has your dog been diagnosed with and/or treated for any of the following?

- | | | | | |
|------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Bladder Stones | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Deafness | <input type="checkbox"/> Tumors | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Organ Failure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tick Fever | <input type="checkbox"/> Valley Fever | <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Other (please explain) |

If yes for any of the above, please elaborate:

Any other information you would like us to know about this dog?

I certify that the above information is truthful and complete. I attest that I am the owner of (or person responsible for) the animal described above. I give Halifax Humane Society complete authority to determine the appropriate disposition of this animal in what manner they deem appropriate up to and including euthanasia.

Signature of Owner or Person Presenting Dog

Printed Name and Date

Additional Staff Notes:

Signature of Staff Member Completing Admission

Printed Name and Date