



SARATOGA COUNTY ANIMAL SHELTER

6010 COUNTY FARM ROAD, BALLSTON SPA, N.Y. 12020
WWW.SARATOGACOUNTYNY.GOV
TEL. 518-885-4113
FAX 518-885-2570



Date:

Animal Name:

Animal Number:

General Information:

1) Animal number:

2) Owner's Name: _____

3) Dog's name: _____ **Age:** _____ **Sex:** Male Female

4) Spayed/Neutered: Yes No **Breed or mix of dog:** _____

5) Does your dog have a microchip? Yes No

6) Does your dog have any allergies, health problems or injuries? Yes No

If yes, please describe: _____

7) Is your dog on any medications? Yes No

If yes, please describe: _____

If your dog is on a flea treatment (If it's a Seresto collar, indicate when it was put on), when is the last time you gave them a dose? _____

8) How long have you had your dog?

9) Where did you acquire your dog?

10) What human family members has your dog lived with (circle all that apply):

Adult Men Adult Women Senior Citizens Teenagers Children (what ages):



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11) Reason for relinquishing your dog today (Circle one):

Behavior (jumping, barking, not housetrained, destructive etc.)

Can't afford (food, veterinary care, training, boarding etc.)

Pet illness

Health of Owner

Housing

Moving

Allergies

Change in Family (divorce, new baby, homeless etc)

12) If we could help you with the reason you are surrendering your pet today, would you keep your pet? Yes No

Family Environment:

13) Describe your dog's behavior around children (circle all that apply):

Gentle Ignores or Indifferent Watches over children

Friendly/Playful Roughhouses Too Active

Nervous/Scared Too rough for children Avoids Children

Unpredictable Snappy at times Has never been around children



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14) Please circle all the animals your dog has lived with (circle all that apply):

Male dogs Female dogs Cats Birds Rabbits Reptiles

Small Animals (what kind): _____ Farm Animals (what kind) _____

15) Describe your dog's behavior around other dogs (circle all that apply):

Never been around other dogs Scared Friendly/Playful

Ignores Bossy Aggressive when on leash (please describe what these incidences looked like on back side of form)

Roughhouses Submissive Aggressive with dogs (describe incidences)

Other (please explain): _____

16) Describe your dog's behavior around cats (check all that apply):

Never been around cats Respectful Aggressive (please describe what these incidences looked like on back side of form)

Friendly/Playful Roughhouses Submissive (please describe what these incidences looked like on back side of form)

Ignores Scared Other (please explain): _____



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Home Environment & Behavior:

17) Where was your dog kept when no human members of your family were home (check all that apply):

Free run of home Crated Yard Confined to one room Tied outside on chain or runner
Other (please explain): _____

18) Is your dog crate trained? Yes No

19) If yes, how long each day? _____

20) Is your dog house trained? Yes No

21) How was your dog redirected when he had accidents in the house?

22) What method of house training does your dog know? (check all that apply):

Paper trained/wee wee pads Doggy door Crate trained Bells on door
Other (please explain): _____

23) Does your dog have accidents in the house often? Yes No Sometimes

If yes, how long is your dog left alone? _____

24) Has your dog ever bitten anyone? Yes No

If yes, please explain the circumstances: _____

25) Has your dog ever bitten another animal? Yes No

If yes, please explain the circumstances: _____



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26) How does your dog react when someone does all of the following? Please write all that apply:

Friendly Isn't Bothered Afraid Barks Growls Bites Unknown

- * Touches food bowl while eating -
- * Takes bone, rawhide, or treat away -
- * Takes toy or other object away -
- * Pushes/pulls dog off furniture -
- * Gives dog a bath -
- * Trims dogs' nails or touches dogs' paws -
- * Brushes dogs' coat -
- * Holds or restrains dog -
- * Unfamiliar approaches your house or yard -
- * Unfamiliar approaches you or a family member -
- * Disturbs while sleeping or resting -
- * When you pick up the dog -

27) Is your dog frightened of anything? (check all that apply):

Men Teenagers Vets/Groomers Women Kids Strangers Cars

Fireworks Thunder/Lightening Bikes/Skateboards Yelling/Loud voices Vacuum

Other (please explain): _____

28) What type of collar/collars does your dog generally wear?

-

29) Has your dog had any behavior training? Yes No

If yes, what type of training has your dog had? (circle all that apply):

Puppy Class Home training Obedience classes Private trainer



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30) What behavior or tricks does your dog know? (check all that apply):

Walks well on leash Doesn't jump on people Comes when called

Sit Down Shake/Paw Fetch Rollover Stay

Other (please describe): _____

Dog Personality Profile:

32) What is your dog's personality like? (check all that apply):

Likes to cuddle Couch Potato Active Hyper Shy

Affectionate Destructive Barks a lot Loves to play

Independent Fearful Friendly Aggressive

33) What type of exercise does your dog get on a regular basis? (check all that apply):

Leash walks Hiking Running/Jogging Plays fetch

Dog Park Play in yard Plays with other dogs No exercise

Other (please describe): _____

34) What is your dog's favorite toy? (check all that apply):

Ball Frisbee Stuffed Squeaky None



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Other (please describe): _____

35) Where does your dog sleep? _____

36) What does your dog eat? (circle all that apply):

Canned food Dry food Homemade diet Raw diet Prescription diet

Other (please explain): _____

38) What are your dog's favorite treats?

39) What do you like most about your dog?

40) Would you like us to help you keep your pet today? Yes No