

PET SOCIAL HISTORY FORM

Pet Name: _____ DOB/Age: _____

Pet is: Housetrained Partially housetrained Paper trained Not housetrained

Litterbox Trained Type of Litter: _____

If a dog, has received formal obedience training? No Yes

Pets knows cues: Stay Come Down Heel Fetch Sit

Any other tricks or cues? _____

Pet behaviour tends to be: Shy Friendly Aggressive Fearful Calm Protective

Playful Active Hyperactive Aloof Talkative Cuddly Nervous Anxious

Pet tends to:

Dig Chew Fight (with other animals) Run away Howl/Yowl Bark/Meow Nip

Jump Fences Scratch – Post Scratch – Furniture Scratch – Other: _____

Reacts negatively to:

Uniform people Men Women Children Strangers Dogs Cats Other: _____

Chases moving objects (cars, bikes, cats, squirrels)

Companionship:

Playful with/tolerates dogs Playful with children Playful with /tolerates cats

When left alone, is use to be confined to: Indoors free roam Goes in/out via pet door

Indoors in a kennel – size (LxWxH)= _____ Garage Outdoors Outdoors - tethered

Outdoors in a kennel – size (LxWxH) = _____ Stays in fenced yard – height = _____

Stays in unfenced yard Free roams neighbourhood Bedroom Kitchen

Has this been a successful confinement arrangement? Yes No

Pet lives outside? All the time Sometimes Rarely Has indoor/ outdoor access

Pet has lived indoors? Yes No

When not home pet tends to: Sleep Relaxes Goes to neighbours Crate- trained

Barks/Meows Doesn't like being left alone Other (describe): _____

Pet is generally left alone for _____ hours each day

Pet is use to sleeping (location): _____

During car rides the pet is? Good Anxious/Nervous Rarely been in a car Never been in a car

In a kennel Backseat Confined to hatchback area Bed of truck

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Has lived peacefully with: Cats Dogs Indoor birds Poultry Livestock

Pet is ok with children: Yes No Don't know Sometimes – Specify:

Pet has bitten a human: Yes No

Person was: Child Adult Senior Family member Stranger Person they knew

Pet bit person on the (body part): _____

Pet bit through clothing? Yes No

Pet bit person multiple times: Yes No Pet bit and held on: Yes No

Bite caused the person an injury? Yes No If yes, check all that apply:

Bruising Shallow punctures Deep punctures Other (describe)

If a dog, my dog plays with other dogs? Occasionally All the time Rarely

If a dog, dog has been in a dog fight and bitten another dog? Yes No

The dog bit and held on: Yes No Dog bit and shook the other dog: Yes No

Injuries to either dog, describe them:

One of the dogs went to the vet? Yes No

Dog has caused another animal's death? Yes No Please provide additional detail.

Dog has had multiple dog fights? Yes No

Dog is deemed dangerous, aggressive, or vicious by a Municipal or Provincial Authority? Yes No

If yes, where?

Please describe legal requirements applied to the dog due to designation:

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Favourite toys (please list):

Favourite treats (please list):

Brand and Type of food: _____

Eating schedule (please describe):

Food sensitivities (please list):

Pet requires medications. Yes No If yes, please list and how they are administered:

Additional behaviour, preference, or other applicable history:

The information provided for _____ (animal name) is true and accurate to best of my knowledge.

Rehoming Guardian Signature: _____ Date: _____

DOG SOCIAL HISTORY FORM

Pet Name: _____