



# Monmouth County SPCA & Homeward Bound Adoption Center

## Incoming Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you.

Because your dog is likely to behave in similar ways in their new home, this information will help us find the most suitable home for your dog and to effectively counsel the new family. Your open and honest answers are very necessary and appreciated, so that we can do careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

## Dog and Household Information

Dog's name: \_\_\_\_\_ Sex:  Male  Female

Spayed or neutered?:  Yes  No Age: years \_\_\_\_\_ months \_\_\_\_\_

Breed: \_\_\_\_\_

1. How long have you had this dog? years \_\_\_\_\_ months \_\_\_\_\_

2. Your relationship to the dog?

Owner  Friend/Caretaker  Foster Owner  Other \_\_\_\_\_

3. Where did you get the dog from?

This shelter  Friend/Relative  Newspaper/web site

Found/stray  Breeder  Pet Store

Other shelter/rescue (please write name) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

4. Why are you surrendering the dog? \_\_\_\_\_

5. List members of the household and ages:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

6. What other animals did your dog live with?

No other animals in household  Dogs  Cats  Other \_\_\_\_\_

## Typical Behavior

7. If your dog has lived with or been around children, How did the dog interact with the kids?

(Please explain: was he/she playful? Did they usually keep a distance? Was the dog very jumpy with the kids?, etc.)

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**8. How does your dog react when an unfamiliar person enters or approaches the yard or house?**  
 (Please avoid using labels such as aggressive, dominant, etc. Describe their behavior)

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**9. Are visitors able to pet your dog? Does your dog keep a distance from visitors?**

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**10. Does your dog chase or attempt to chase any of the following?**

- Joggers  
  Bicycles  
  Skateboarders/roller bladers  
  Cars/motorcycles  
 Outdoor cats  
  Squirrels or other small animals  
  Birds  
  Doesn't chase  
 Other (please describe) \_\_\_\_\_

**11. How does your dog react when an unfamiliar person approaches on leash?**

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**12. How does your dog react when they see another dog on leash?**

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**13. Has your dog ever played off leash with another dog?**

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**14. How does your dog usually react when you or another family member does the following?**

	Never Tried	Allows	Afraid	Shows Teeth/ Growls	Snaps	Bites	None of These
Bathe							
Brush							
Wipe Feet							

**15. Do you take your dog out to go to the bathroom?**

- Yes (please specify how many times per day) \_\_\_\_\_
  No/paper trained

**16. Does your dog usually have “accidents” in the house?**

Yes (please specify how many times per day) \_\_\_\_\_  No

**17. Where does your dog spend most of his/her time?**

Inside the house, runs free  Inside the house, in cage  Outside the house, tied

Other (Please describe) \_\_\_\_\_

**18. How long is your dog left alone during the day?**

Never  1-3 hours  4-8 hours  9-12 hours  Over 12 hours

**19. When your dog is left alone, is he/she..**

Outdoors  Free in home  Confined to a room  In a cage

Other (Please describe) \_\_\_\_\_

**20. When left alone, does your dog usually show any of the following behaviors?**

Destroy household items  Urinate/defecate  Bark  Cry  None of these

**21. When you are home, does your dog usually show any of the following behaviors?**

Destroy household items  Urinate/defecate  Bark  Cry  None of these

**22. When your dog plays, does he/she typically...**

Jumps  Growls  Barks  Bites lightly  Bites hard  None of these

**23. What toys does your dog like?**

Balls  Frisbee  Plush  Squeaky  Tug Toy  None  Other \_\_\_\_\_

**24. Is your dog scared of anything?**

Yes (Please describe) \_\_\_\_\_

No

**25. Please tell us your dog’s “bad habits” –**

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

**26. Where does your dog usually sleep overnight?**

Cage  Floor  Dog Bed  Couch  Owner’s bed

Other (Please describe) \_\_\_\_\_

**27. Has your dog ever seen a trainer?**  Yes  No

Name of trainer or facility : \_\_\_\_\_

28. Does your dog have problems riding in the car?

- Yes (Please describe) \_\_\_\_\_
- No

29. Has your dog escaped your property 2 or more times in the last 6 months?

- Yes (Please describe) \_\_\_\_\_
- No

30. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?

- Yes  No  Don't Know

31. Is there any report of your dog ever inflicting a serious bite to a dog?

- Yes  No  Don't Know

32. Has your dog ever attacked another dog resulting in severe injury or death to another dog?

- Yes  No  Don't Know

**\*\*Customer Service: If questions 30, 31, or 32 were answered with a "yes", please make sure the Bite Form is also filled out.**

33. Please check off if your dog has ever shown any of these behaviors over the following:

	Familiar Person				Unfamiliar Person			
	Shows Teeth	Growls	Snaps	Bites	Shows Teeth	Growls	Snaps	Bites
Around food bowl?								
While eating bones, rawhides, or chews?								
Playing with a toy?								
While in possession of a stolen object?								
When the dog was disturbed while sleeping?								
When an adult or child entered the house or yard?								
When an adult or child approached or reached toward the dog?								

### Medical History

34. Does your dog see a veterinarian at least once a year?  Yes  No

35. If "yes", please specify the veterinarian name and contact info:

Veterinarian Name \_\_\_\_\_

36. Does your dog need to be muzzled at the veterinarian?  Yes  No

**37. Does your dog have any past or present medical conditions?**

Yes

(Please describe) \_\_\_\_\_

No

**38. Is your dog currently on any medication or special diet?**

Yes

(Please describe) \_\_\_\_\_

No

**39. What type of food does your dog eat?**

Dry  Wet/Canned  Table Scraps

**40. What flavor of food? (chicken, beef, etc.)**

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**Please feel free to share with us any additional helpful comments.**

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MONMOUTH COUNTY SPCA  
260 Wall Street, Eatontown, NJ 07724

OWNER CAT SURRENDER PROFILE (One form per cat)

Owner name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Drivers License number: \_\_\_\_\_

Cat's name: \_\_\_\_\_ Age (Yrs or Mths): \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Coloring: \_\_\_\_\_ Breed: \_\_\_\_\_  
Microchipped: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_ If "Yes" what company? \_\_\_\_\_  
If "Yes", to whom is it registered? (name & address): \_\_\_\_\_  
If any tattoos or special markings – describe where, type, color, etc. \_\_\_\_\_  
How long have you owned this cat? (Days, Months, Years): \_\_\_\_\_  
From where or whom did you get this cat? \_\_\_\_\_  
Reason for surrender: \_\_\_\_\_

If under the age of 6 months, where are the mother and father? \_\_\_\_\_  
Are the mother and/or father spayed/neutered?  
(circle all that apply) Father: Y N Unknown Mother: Y N Unknown

Was the cat kept: Inside only \_\_\_\_\_ Outside only \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_  
Is the cat litter box trained? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", explain: \_\_\_\_\_  
Has the cat ever defecated/urinated outside the litter box? Yes \_\_\_\_\_ No \_\_\_\_\_  
What type of litter is the cat used to? \_\_\_\_\_  
Does the cat like to be pet and held? Yes \_\_\_\_\_ No \_\_\_\_\_ How does it react? \_\_\_\_\_  
Has the cat ever bitten any other animal? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" explain \_\_\_\_\_  
Has the cat ever bitten a person? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" explain \_\_\_\_\_  
Was the person treated by a doctor or hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes", please ask for our supplemental bite form)

How is the cat around (check all that apply)?  
Children: Friendly \_\_\_\_\_ Playful \_\_\_\_\_ Timid \_\_\_\_\_ Fearful \_\_\_\_\_ Assertive \_\_\_\_\_ Unknown \_\_\_\_\_  
Dog(s): Friendly \_\_\_\_\_ Playful \_\_\_\_\_ Timid \_\_\_\_\_ Fearful \_\_\_\_\_ Assertive \_\_\_\_\_ Unknown \_\_\_\_\_  
Cat(s): Friendly \_\_\_\_\_ Playful \_\_\_\_\_ Timid \_\_\_\_\_ Fearful \_\_\_\_\_ Assertive \_\_\_\_\_ Unknown \_\_\_\_\_  
Strangers: Friendly \_\_\_\_\_ Playful \_\_\_\_\_ Timid \_\_\_\_\_ Fearful \_\_\_\_\_ Assertive \_\_\_\_\_ Unknown \_\_\_\_\_  
Please list anything else we should know about the cat: \_\_\_\_\_

Veterinarian's name and contact information: \_\_\_\_\_  
Is the cat current with vaccines? Yes \_\_\_\_\_ No \_\_\_\_\_ If "YES" – provide current records/proofs  
May we contact your veterinarian to get records? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does the cat have any medical conditions, injuries, special needs/medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes" explain: \_\_\_\_\_  
What does the cat usually eat? \_\_\_\_\_ How often is cat fed? \_\_\_\_\_  
When does the cat usually eat? \_\_\_\_\_  
Any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_  
Is this cat declawed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes": All four \_\_\_\_\_ Back only \_\_\_\_\_ Front only \_\_\_\_\_

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