



**Peninsula Regional Animal Shelter**  
 5843 Jefferson Avenue  
 Newport News, VA 23605

Phone (757) 933-8900  
 Fax (757) 933-8917  
 email pras-reunite@nnva.gov

## OWNER ReHOME DOG QUESTIONNAIRE

To help us find the best home for your dog, please answer the following questions accurately and with the greatest detail possible. Behavioral and medical issues may not necessarily create problems in finding a new home for your dog, but not providing us with all relevant information may prevent us from matching your dog with the right home.

Dog Name:

Date:

Why are you rehoming your dog today?

Check one:      Male      Neutered Male      Female      Spayed Female

Has your dog bitten or scratched any person or animal in the past 10 days?  
 If yes, did it break the skin?

Please explain:

Has your dog **EVER** bitten or scratched any person or animal?      If yes, did it break the skin?

Please explain:

### LIFESTYLE

How long have you had this dog?      Including yours, how many homes has the dog had?

How many times have you moved house since you've had your dog?

Where did you get this dog?

When you are at home the dog (check all that apply):      Is allowed on the furniture      Is NOT allowed on the furniture  
 Goes Outside      Stays by my side      Keeps to itself      Runs around the house

Where does the dog sleep?

Where does the dog stay when you're not at home?

How do you confine your dog outside?

What is the height / size?

Has your dog ever escaped confinement?

What's the longest period of time your dog stays alone?

Is this successful?

## LIFE EXPERIENCE, BEHAVIOR & TRAINING

Does your dog like both adult men and women?

Has your dog lived with other animals?

Please list kinds, sex and species.

With **other animals**, would you say your dog is

With **children**, would you say your dog is

Has your dog ever seen or been around horses or livestock?

What was your dog's reaction?

How does your dog potty?

How long can your dog "hold it"?

Is your dog crate trained?

Has your dog completed formal training classes?

What level?

What commands or words does your dog understand?

Sit

Down/Lay

Come

Fetch/Get it

Stay

Leave it

Okay

Drop

Off

Quiet

Walk

Heel

No

Treat/Cookie

Does not know any

Others:

When left loose, alone in the house, how does your dog react?

How does your dog react to visitors at the door?

How does your dog behave in the car?

Enjoys

Over-excited

Barks/Whines

Fine in crate or restraint

Sleeps

Afraid / drools

Vomit/Urinate/Defecates

Never tried

What are your dog's favorite treats or toys?

What are your dog's favorite activities?

What are some of your dog's shining qualities?

How would you describe your dog's personality?

Is there anything else you would like for us to know about your dog?

## HEALTH AND MEDICAL HISTORY

What kind, brand and amount of food does your dog eat?

Who is your veterinarian or where do you have your dog's vaccinations done?

How does your dog behave at the vet?

What medication(s) is your dog currently taking (name and dose)?

**Is your dog experiencing any of these conditions (choose all that apply)?**

Blind	Deaf	Unusual Lumps	Diarrhea	Constipation
Rapid weight loss/gain		Hair loss	Loss/Increase in appetite	Vomiting
Loss/Increase in drinking		Other:		

**Has your dog been diagnosed with or treated for any of these (choose all that apply)?**

Ear infection / problems	Food Allergies	Skin Allergies	Worms
Eye infection / problems	Cataracts	Bloat / Gastritis	Thyroid disease
Broken bones	Arthritis / joint pain	Hip Displasia	Tumors
Cancer	Kennel Cough	Seizures	Irritable Bowel

Please explain any health conditions:

To schedule a surrender consultation/appointment:

- Print and bring this with you to 5843 Jefferson Ave NN VA 23605.
- email (**include your name and phone number**) using the button below.
- call 757-933-8900.

***include your name and phone number in the email!***