

PUP PROGRAM QUESTIONNAIRE - DOG

Please fill out this form as completely as possible! No one knows and loves your puppies the way you do. To help us find the best new home for this litter, please provide as much detail as possible about the history, handling, and vet care of the puppies.



Reservations are Required! After we receive and review your completed PUP Program Questionnaire, we will contact you within 24-hours to discuss options. Please plan ahead; same-day appointments are not available, as we need to book both your puppy's intake and your dog's surgery.

Return this form via fax to: 408/262-2131

Return this form via e-mail to: customer_care@hssv.org

YOUR CONTACT INFORMATION

Your Name: _____ Primary phone: _____
E-mail: _____ Alt phone: _____
Address: _____ City and Zip: _____

DESCRIPTION OF YOUR PUPPIES and BASIC HISTORY

Date of Birth: _____ Number in Litter: _____ Number Surrendering: _____
Breed of Mother: _____ Breed of Father (If Known): _____

Do the puppies have a tendency to bite or snap bite? ☐ Yes ☐ No If yes, does it break skin? ☐ Yes ☐ No

If yes, under what circumstances: _____

Where have the puppies been housed?

- ☐ Free run of the home ☐ Crated ☐ Confined to one room in home
☐ In garage ☐ In fenced yard ☐ In outdoor dog run
☐ Other (please explain): _____

PARENT HISTORY

How long have you owned the mother/father? _____

Have the parent(s) lived primarily indoor or outdoor? _____

Have the parents ever had any health problems?:

☐ Yes ☐ No ☐ I don't know Please explain: _____

Are the parents current on vaccinations? ☐ Yes ☐ No

If not, have they ever been vaccinated?: _____

HANDLING AND SOCIALIZATION

Please check all of the people that the puppies have interacted with (*check all that apply*):

- ☐ Adult Males ☐ Children 0-5 ☐ Children 12+
☐ Adult Females ☐ Children 6-11 ☐ Seniors
☐ Other: _____

How often are the puppies handled by people?:

- ☐ Daily ☐ Weekly ☐ Almost Never ☐ Almost always

Please explain: _____

Describe the puppies' behavior around children (*If applicable – check all that apply*):

- ☐ Gentle ☐ Friendly/playful ☐ Nervous / frightened ☐ Unpredictable
☐ Ignores or indifferent ☐ Roughhouses ☐ Too rough for children ☐ Snappy at times
☐ Watches over children ☐ Too active ☐ Actively avoids children ☐ Never been around children
☐ Other (*please explain*): _____

Would you recommend placing these puppies in a home with children? ☐ Yes ☐ No

If no, please explain: _____

Please check all the animals that your dog has ***lived*** with (*check all that apply*):

- ☐ Male dogs ☐ Cats ☐ Birds ☐ Small Animals (*what kind*): _____
☐ Female dogs ☐ Rabbits ☐ Reptiles ☐ Farm Animals (*what kind*): _____
☐ Other: _____

HOUSETRAINING INFORMATION

Have the puppies had any housetraining? ☐ Yes ☐ No

Where do these puppies go potty (*check all that apply*)?

- ☐ Newspaper ☐ Potty pads ☐ In the yard
☐ Out on walks ☐ Wherever they want ☐ In garage
☐ Other (*please explain*): _____

Are the puppies crate trained?: ☐ Yes ☐ No

If yes, when are the puppies in a crate?: _____

Are they crated together? ☐ Yes ☐ No How long are they crated per day? _____ *hours*

Do the puppies potty in the crate? ☐ Yes ☐ No ☐ Only when left for _____ hours

FEEDING HISTORY

How were the puppies fed?:

- ☐ Nursed by mother since birth ☐ Bottle feeding only, mother present
☐ Nursed and bottle fed ☐ Bottle feeding only, mother not present
☐ Other _____

What is their current diet?

- ☐ Puppy milk replacer Brand: _____
- ☐ Canned puppy food Brand: _____
- ☐ Dry puppy food Brand: _____
- ☐ Other _____

How often are the puppies fed?

- ☐ Once daily ☐ Twice daily ☐ Three times daily
- ☐ Free fed ☐ Other: _____

BEHAVIOR INFORMATION

Please mark any behaviors the puppies have shown (*check all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Jumping | <input type="checkbox"/> Nipping |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Digging | <input type="checkbox"/> Aggressive to dogs |
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Aggressive to people | |
| <input type="checkbox"/> Protective of food (from: <input type="checkbox"/> Each other <input type="checkbox"/> People <input type="checkbox"/> Other dogs) | | |
| <input type="checkbox"/> Protective of toys (from: <input type="checkbox"/> Each other <input type="checkbox"/> People <input type="checkbox"/> Other dogs) | | |

Please provide further information here: _____

If you have disciplined the puppies, what methods did you use?

- | | | |
|--|--|--|
| <input type="checkbox"/> Verbal correction | <input type="checkbox"/> Timeout | <input type="checkbox"/> Ignored the behavior |
| <input type="checkbox"/> Physical punishment | <input type="checkbox"/> Squirt bottle | <input type="checkbox"/> Startled them with loud noise |

What words do the puppies understand?

- | | | | | | |
|---------------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Down | <input type="checkbox"/> Heel | <input type="checkbox"/> Come | <input type="checkbox"/> Drop |
| <input type="checkbox"/> Leave it | <input type="checkbox"/> Take it | <input type="checkbox"/> Drop | <input type="checkbox"/> Wait | <input type="checkbox"/> Off | <input type="checkbox"/> Don't know commands |
| <input type="checkbox"/> Other: _____ | | | | | |

What are the puppies' favorite kinds of toys (*check all that apply*)?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Tennis balls / rubber balls | <input type="checkbox"/> Rope toys | <input type="checkbox"/> Shoes |
| <input type="checkbox"/> Plush / stuffed toys | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Sticks |
| <input type="checkbox"/> Squeaky toys | <input type="checkbox"/> Children's toys | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Never been given toys | | |

OFFICE USE ONLY

	Date	Time	Initials
Questionnaire Received			

Appointment Date and Time: _____

A# _____ P# _____ Questionnaire Review by: _____