

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

BEHAVIOR INFORMATION

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

- Chewing
- Digging
- Excessive barking
- Protective of food (from: Each other People Other dogs)
- Protective of toys (from: Each other People Other dogs)
- Jumping
- Digging
- Aggressive to people
- Nipping
- Aggressive to dogs

Please provide further information here: _____

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

- Verbal correction
- Physical punishment
- Timeout
- Squirt bottle
- Ignored the behavior
- Startled them with loud noise

What words do the puppies understand?

- Sit
- Leave it
- Other: _____
- Stay
- Take it
- Down
- Drop
- Heel
- Wait
- Come
- Off
- Drop
- Don't know commands

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

- Tennis balls / rubber balls
- Plush / stuffed toys
- Squeaky toys
- Never been given toys
- Rope toys
- Frisbee
- Children's toys
- Shoes
- Sticks
- Other: _____

OFFICE USE ONLY

	Date	Time	Initials
Questionnaire Received			

Appointment Date and Time: _____

A# _____ P# _____ Questionnaire Review by: _____