

5055 Hallowing Point Road  
Prince Frederick, MD 20678  
410-535-7387

Dave McDowell  
Director, Department of Public Safety  
April Coleman  
Deputy Director of Animal Services



*Board of Commissioners*  
Mark C. Cox Sr.  
Catherine M. Grasso  
Earl F. Hance  
Mike Hart  
Todd Ireland

### Dog Intake Questionnaire

Owner's Name: \_\_\_\_\_ Dog's Name & Intake #: \_\_\_\_\_ Date: \_\_\_\_\_

What is the reason you are surrendering your dog? \_\_\_\_\_

Where did you get the dog? \_\_\_\_\_ How long have you had the dog? \_\_\_\_\_

Has the dog previously been in a shelter or rescue? **Y/N** Name of shelter/rescue: \_\_\_\_\_

Does the dog have any history of aggression? **Y/N** Towards what/who: \_\_\_\_\_

Has the dog ever: Showed teeth? **Y/N** Growled? **Y/N** Snapped? **Y/N** Bitten? **Y/N** Broken Skin? **Y/N**

If yes, what were the circumstances? \_\_\_\_\_

Has the dog ever displayed any possessive behaviors? **Y/N** Over what items? \_\_\_\_\_

Does the dog chase any of the following? **Cats Small Animals Vehicles/bikes Children Joggers**

What happens if the dog makes contact with what he/she is chasing? \_\_\_\_\_

Describe the dog's behavior if he/she meets another dog on or off leash: \_\_\_\_\_

List the animals in your home: \_\_\_\_\_

Describe the dog's behavior towards other dogs in the home: \_\_\_\_\_

Describe how the dog behaves with the other animals in your home: \_\_\_\_\_

Does the dog have a fenced yard? **Y/N** What type of fence? \_\_\_\_\_ Stays in fenced area/yard? **Y/N**

Describe how the dog acts when meeting strangers or new people come to the house: \_\_\_\_\_

Has the dog lived with children? **Y/N** Ages: \_\_\_\_\_

Describe how the dog behaves with children: \_\_\_\_\_

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Describe how the dog behaves when crated: \_\_\_\_\_ Housetrained? **Y/N**

Describe how the dog behaves at the vet: \_\_\_\_\_

Describe your dog's behavior when you handle ears/head/feet/mouth: \_\_\_\_\_

Any known medical concerns? \_\_\_\_\_ What food are you feeding? \_\_\_\_\_

What commands does the dog know? \_\_\_\_\_

Has your dog worked with a trainer? **Y/N** If so, who? \_\_\_\_\_

What are your dog's best qualities? \_\_\_\_\_

What are the most difficult qualities? \_\_\_\_\_

Has the dog ever been to a vet? **Y/N** Veterinary Clinic: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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

We may contact you for more information about the dog if necessary.

After this animal has been surrendered to the Linda L. Kelley animal Shelter, is it okay to contact you regarding this animal? **Y/N**

Do you want to reclaim your dog if he/she is not a candidate for adoption? **Y/N**  
(There are daily fees associated with reclaiming an animal)

My signature below certifies that I am the owner of the animal listed above being surrendered to the Linda L. Kelley Animal Shelter. I certify to the best of my knowledge I have disclosed all information about the animal concerning health, behavior, history and anything else that may affect the safe placement of the animal in a new home, and that all statements made above are true and correct.

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

Mailing Address: 175 Main Street, Prince Frederick, Maryland 20678  
Maryland Relay for Impaired Hearing or Speech: 1-800-735-2258