

Animal Protection Coalition, Inc.

Canine Donation Questionnaire

Canine Information

Canine's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the canine registered? If so, please name the registry or association and the canine's registration #	

Temperament & Training Information

How long have you owned this canine?	
Temperament <i>(circle one)</i>	1 = Very Calm 2 3 4 5 6 7 8 9 10 = Highly Spirited
Friendliness with people <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness with other dogs <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness towards other animals <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Does this canine have a history of: (check all that apply and explain if "yes")	
<input type="checkbox"/> Biting <input type="checkbox"/> Scratching <input type="checkbox"/> Barking Excessively <input type="checkbox"/> Digging <input type="checkbox"/> Other _____	
Explain: _____	
Does this canine do well with: (check all that apply)	
<input type="checkbox"/> Leading <input type="checkbox"/> Bathing <input type="checkbox"/> Traveling in vehicles <input type="checkbox"/> Clipping/Shaving/Grooming	
Other: _____	
Has this canine been trained to or had experience in: (check all that apply)	
<input type="checkbox"/> Agility <input type="checkbox"/> Racing <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Lay Down <input type="checkbox"/> Come <input type="checkbox"/> Roll Over <input type="checkbox"/> Heel <input type="checkbox"/> Search & Rescue <input type="checkbox"/> Other: _____	

Housing Information

In what kind of living situation is the canine used to ? (Mostly indoor, indoor/outdoor, outdoor, crated, can not be crated, etc.)
Please describe the canine's outdoor activities. (Free to roam in yard, leashed walks only, etc.)

What type of fencing is the canine used to and at what height? (*privacy, chain link, invisible fencing, etc.*)

Health Information

What and how much is the canine currently being fed?

Is the canine on any type of supplements or medications? *If yes, please describe.*

Describe any current or previous health problems:

Does the canine have any special needs?

Is the canine current on vaccinations? If so, which and when were they last administered?

Disease	Date	Disease	Date
Canine Distemper	_____	Coronavirus	_____
Adenovirus	_____	Rabies	_____
Leptospirosis	_____	Bordetella	_____
Parainfluenza	_____	Tetanus	_____
Parvovirus	_____	()	_____

Date & product of last worming

General Information

Owner's Name	Veterinarian's Name
Address	Address
City/State/Zip Code	City/State/Zip Code
Telephone Number	Telephone Number

Is there anything else you can tell us about the canine that will enable us to help find him/her the best possible home?