

Anne Arundel County Animal Care & Control



Pet History Form

ADS #:	Name:		Sex:	Age:	Birthdate:	
	ırrender:					
2. How long hav	e you the dog?	Where did yo	ou obtain t	he dog?		
3. Is the dog hou	use broken?					
4. Where does the Where does the	he dog stay when you a dog stay when you are	re not home? sleeping?				
5. How does the	dog react when left at h	nome alone?				
6. Are there child How does the do	dren in the home? og react to children:	How many? _		Ages?		
7. Do you have a	any pets? How one pets:	many?	V	Vhat kind?		
8. What scares t	his dog?					
9. What makes t	his dog angry?					
10. What flea, tid	ck, and heartworm preve	ention is this dog o	currently o	n?		
11. Who is the d	log's veterinarian?			Last vet visit	?	
12. Health issue	s / concerns:					
13. Is this dog co	urrently on any medicati	ons?If so	o, what kir	nd?		
14. If the dog is	a female, when was she	last in heat?		Ever had a litter?	When? _	
15. What type of	f food do you feed?					
16. Favorite toys	s / activities:					
17. How does th	e dog react to bathing, q	grooming, nail trim	ns, etc?			
18. How does th	e dog react when comp	any comes over?				
19. Has the dog	ever bitten / scratched?	How did	incident o	ccur?		
Did it break skin	? Was me	edical treatment n	ecessary?			
20. Please circle Affectionate Temperame	e ALL of the adjectives th Friendly ental Outgoing	nat best describe Calm Talkativ	Quiet	Smart Protective	Obedient Rough	Playful Noisy
Additional Inform	nation about this dog:					