



## FUR THE LOVE OF ANIMALS

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### OFFICE USE ONLY

Date:

Intake #:

## ANIMAL QUESTIONNAIRE

Name:		Nickname(s):	
How long have they lived with you?			
THEY WERE: Found   Purchased From a Breeder   Rescued from a Shelter   Given as a Gift   Privately Adopted   Rehomed to You   Acquired After the Death of Friend/Family   Other			
IF OTHER - How did the animal come to live with you?			
IF FROM A BREEDER - Name and Location:			
IF FROM A SHELTER - Name and Location:			
Did the animal have any previous homes? Y   N   Unknown - IF YES, how many?			
Reason for Surrender:			
Has this animal ever bitten a person? Y   N		Have they bitten another animal? Y   N	
<b>IF YES TO EITHER</b> - Please describe what happened (You can attach another document if more space is needed):			
Do they have any known medical conditions? Y   N		Are they being treated? Y   N	
IF YES - What is the condition(s)?			
IF RECEIVING TREATMENT - Please outline the plan:			

Does this animal receive any regular medication(s)? Y   N		How many?
Name of Medication:	Dose (mg, mL, units):	
How many times per day?	At what time(s)?	
Route of Administration: Oral   Nasal   Ocular   Aural   Transdermal   Injection IF INJECTION - Subcutaneous   Intramuscular   Intravenous		
Name of Medication:	Dose (mg, mL, units):	
How many times per day?	At what time(s)?	
Route of Administration: Oral   Nasal   Ocular   Aural   Transdermal   Injection IF INJECTION - Subcutaneous   Intramuscular   Intravenous		

*If there are more medications to list, please let us know and we will provide you with another sheet.*

Does this animal receive any regular supplements (e.g., fish oil)? Y   N		How many?
Name of Supplement:	Dose (mg, mL, units):	
How many times per day or per week?	At what time(s)?	
Name of Supplement:	Dose (mg, mL, units):	
How many times per day or per week?	At what time(s)?	
Name of Supplement:	Dose (mg, mL, units):	
How many times per day or per week?	At what time(s)?	

Currently They Eat: Once a Day   Twice a Day   Three Times   Other:	
They Eat: Dry Only   Wet Only   Dry and Wet   Raw Diet   Homemade Diet	
How much is provided for each meal?	
What brand(s) of food is provided?	
Are they given treats? Y   N   Only Sometimes	Do they like treats? Y   N   Are Picky
What kind(s) of treats do you offer?	
Do they or have they ever guarded their food? Y   N   I'm Not Sure   Has Depended	
IF YES OR HAS DEPENDED - Please describe the circumstances and the observed behavior	

(You can attach another document if more space is needed):

Do they or have they ever guarded toys? Y | N | I'm Not Sure | Has Depended

IF YES OR HAS DEPENDED - Please describe the circumstances and the observed behavior  
(You can attach another document if more space is needed):

Do they or have they ever guarded anything else? Y | N | I'm Not Sure | Has Depended

IF YES OR HAS DEPENDED - Please describe the circumstances and the observed behavior  
(You can attach another document if more space is needed):

**With resource guarding, it has been towards:** People | Other Dogs | Other Pets | Only Strangers | Only a Particular Person | All People and Animals in the Home | Other

IF OTHER OR IT HAS BEEN SPECIFIC/CIRCUMSTANTIAL - Please describe (You can attach another document if more space is needed):

<b>Where did the animal spend most of its day?</b> (Circle all that apply.) Indoors   Outside   In a Crate   In Its Own Room   Day Camp / Care   They Came with Me Wherever I Went   In a Fenced Yard   In a Kennel Outside   On a Dog Line / Chain   Outside with Free-Roaming Access   Other		
IF OTHER - Please describe:		
<b>Where did they sleep at night?</b> (Circle all that apply.) In a Crate   In My Bed   In Its Own Bed   In the Same Room   In a Separate Room   Outside in a Kennel   Outside with Free-Roaming Access   Other		
IF OTHER - Please describe:		
<b>Where did the animal spend its time when no one was home?</b> (Circle all that apply.) Indoors   Outside   In a Crate   In Its Own Room   Day Camp / Care   They Came with Me Wherever I Went   In a Fenced Yard   In a Kennel Outside   On a Dog Line / Chain   Outside with Free-Roaming Access   Other		
IF OTHER - Please describe:		
<b>On average, how many hours a day did they spend alone?</b> Less Than 2   2 - 4   4 - 6   6 - 8   8 - 10   10+ - IF OVER 10 HOURS, how many total?		
<b>I would describe my household as / having:</b> (Circle all that apply.) Quiet   Noisy   Little Activity   Lots of Activity   Guests Frequently Visit   Guests Rarely Visit   Calm   Chaotic   Routine   Irregular Routine		
Has this animal lived with young children? Y   N   Unknown		
IF YES - What age(s)?	How many?	M   F   Both
IF YES - They: (Circle all that apply.) Did Well   Did Not Do Well   Enjoyed Interactions   Avoided Interactions   Hid Away   Tried to Play   Ran Away   Unaffected   Indifferent / Uninterested   Other		
IF OTHER - Please describe:		
<b>IF SHOWED SIGNS OF STRESS OR AGGRESSION</b> - Please describe (You can attach another document if more space is needed):		

Has this animal lived with teenagers? Y   N   Unknown		
IF YES - What age(s)?	How many?	M   F   Both
IF YES - They: (Circle all that apply.) Did Well   Did Not Do Well   Enjoyed Interactions   Avoided Interactions   Hid Away   Tried to Play   Ran Away   Unaffected   Indifferent / Uninterested   Other		
IF OTHER - Please describe:		
<b>IF SHOWED SIGNS OF STRESS OR AGGRESSION</b> - Please describe (You can attach another document if more space is needed):  		
Has this animal lived with seniors? Y   N   Unknown		IF YES - What age(s)?
IF YES - They: (Circle all that apply.) Did Well   Did Not Do Well   Enjoyed Interactions   Avoided Interactions   Hid Away   Tried to Play   Ran Away   Unaffected   Indifferent / Uninterested   Other		
IF OTHER - Please describe:		
<b>IF SHOWED SIGNS OF STRESS OR AGGRESSION</b> - Please describe (You can attach another document if more space is needed):  		
<b>How does this animal react to being around women?</b> (Circle all that apply) Comfortable   Happy   Readily Engages   Neutral   Disinterested   Nervous   Avoids Interaction   Growls and/or Barks   Charges Them   Hides   Runs Away   Shuts Down   Becomes Very Submissive   Becomes Very Dominant   Other   Unknown		
IF OTHER - Please describe (You can attach another document if more space is needed):		

<p><b>How does this animal react to being around men?</b> (Circle all that apply)</p> <p>Comfortable   Happy   Readily Engages   Neutral   Disinterested   Nervous   Avoids Interaction   Growls and/or Barks   Charges Them   Hides   Runs Away   Shuts Down   Becomes Very Submissive   Becomes Very Dominant   Other   Unknown</p>
<p>IF OTHER - Please describe (You can attach another document if more space is needed):</p>
<p>Has this animal lived with a/another dog? Y   N   Unknown</p>
<p>IF YES - How many?      M   F   Both      Small   Medium   Large      How old?</p>
<p>What breed(s)?</p>
<p>IF YES - They: (Circle all that apply.)</p> <p>Did Well   Did Not Do Well   Enjoyed Interactions   Avoided Interactions   Hid   Shut Down   Growled/Barked   Was Disinterested   Was Neutral   Played With   Other</p>
<p>IF OTHER - Please describe:</p>
<p><b>IF SHOWED SIGNS OF STRESS OR AGGRESSION</b> - Please describe (You can attach another document if more space is needed):</p>
<p>Has this animal lived with a/another cat? Y   N   Unknown</p>
<p>IF YES - How many?      M   F   Both      How old?      Inside   Outside</p>
<p>IF YES - They: (Circle all that apply.)</p> <p>Did Well   Did Not Do Well   Enjoyed Interactions   Avoided Interactions   Hid   Shut Down   Hissed/Swatted   Was Disinterested   Was Neutral   Played With   Other</p>
<p>IF OTHER - Please describe:</p>
<p><b>IF SHOWED SIGNS OF STRESS OR AGGRESSION</b> - Please describe (You can attach another document if more space is needed):</p>

document if more space is needed):

Has this animal lived with any other animals? Y | N | Unknown

IF YES - What species?

IF YES - they: (Circle all that apply.)

Did Well | Did Not Do Well | Enjoyed Interactions | Avoided Interactions | Hid | Shut Down | Hissed/Swatted | Was Disinterested | Was Neutral | Played With | Other

IF OTHER - Please describe:

**IF SHOWED SIGNS OF STRESS OR AGGRESSION** - Please describe (You can attach another document if more space is needed):

Has this animal ever tried to escape? Y | N | Unknown

IF YES - Did they escape? Y | N

Please describe the method in which they were able to escape:

Does this animal tend to dig or scratch at the ground, furniture, etc.? Y | N | Unknown

IF YES - Please describe:

Does this animal tend to have accidents inside the house? Y | N | Unknown

IF YES - Please describe circumstances, frequency, and any trends in location (You can attach another document if more space is needed):

**How are they while in a car?** (Circle all that apply.)

Happy | Excited | Energetic | Vocal | Calm | Nervous | Very Anxious | Indifferent | Has to be Given Medication to Relax | Reactive | Other

IF OTHER - Please describe:

**How are they at the vet?** (Circle all that apply)

Happy | Excited | Energetic | Vocal | Calm | Nervous | Very Anxious | Indifferent | Has to be Sedated | Has to be Muzzled | Reactive | Other

IF OTHER - Please describe:

**How are they when meeting someone new?** (Circle all that apply)

Happy | Excited | Energetic | Vocal | Calm | Nervous | Very Anxious | Indifferent | Reactive | Unconfident | Needs Reassurance | Runs Away | Tries to Hide | Other

IF OTHER - Please describe:

**How are they for nail trims?** (Circle all that apply)

Excitable | Vocal | Calm | Nervous | Very Anxious | Tense | Indifferent | Reactive | Aggressive (may nip or bite or has attempted to before) | Has to be Muzzled | Has to be Sedated | Prefers the Use of a Dremel | Requires Gentle Restraint | Requires Firm Restraint | Tends to Thrash | Other

IF OTHER - Please describe:

**How are they for baths?** (Circle all that apply)

Excitable | Vocal | Calm | Nervous | Very Anxious | Tense | Indifferent | Reactive | Aggressive (may nip or bite or has attempted to before) | Has to be Muzzled | Has to be Sedated | Requires Gentle Restraint | Requires Firm Restraint | Tends to Thrash | Other

IF OTHER - Please describe:



## DOG QUESTIONS

*Skip this section if not applicable.*

How does the dog ask to go outside?	
Are they trained to walk on leash? Y   N	IF YES - They: Walk Politely   Pull   Are Reactive
IF REACTIVE - What are the triggers?	
Are they trained to walk in a harness? Y   N	IF YES - What style harness?
Are they crate trained? Y   N	IF YES - What are the uses?
What cues or tricks do they know?	
What cues or tricks do they struggle with?	
Are they vocal? Y   N   Only in Certain Situations   Rarely   All the Time (but not nonstop)	
IF YES - They tend to (Circle all that apply): Bark   Whine   Growl   Chuff   Howl   Bay	
What triggers the vocalizations? (Circle all that apply) Play   Knocks on the Door   When People Walk By   When Dogs Walk By   When They See a Stranger   While in the Car   When Cars Drive By   While on Leash   When Outside at Home   Along Fence Lines   When They Hear Other Dogs Vocalize   At the Vet   When Put into a Crate   Other	
IF OTHER - Please describe:	
Do they like to play with toys? Y   N	IF YES - Any favorites?
Do they like to play fetch? Y   N	IF YES - With what?
Are they trained to be muzzled? Y   N	IF NO - Are they reactive and/or try to bite? Y   N
Do they jump up on people? Y   N   Sometimes (such as when really excited)	
WHEN OUTSIDE THEY ARE: Kept within a Fence   Kept on Outside Lead/Run   Kept in Kennel   Had Free Run to Roam   Used Electric Fence   Kept on Leash	

Generally They Are: Submissive   Neutral   Dominant
With Other Dogs They Are: Submissive   Neutral   Dominant   Depends
IF DEPENDS - Please describe the circumstances and what you have observed (You can attach another document if more space is needed):
Did the dog ever present protective behaviors? Y   N   Unsure   Depends
IF YES OR DEPENDS - Please describe the situations and what you observed:

## CAT QUESTIONS

*Skip this section if not applicable.*

Are they litterbox trained? Y   N	What type of litter was used?
Do they use scratching posts? Y   N	IF YES - Any favorites?
Indoor Only   Outdoor Only   Indoor/Outdoor   Uses Catio   Harness and Leash Trained	
Do they like to play with toys? Y   N	IF YES - Any favorites?
Do they like using hides? Y   N	IF YES - Any favorites?
Do they like using towers? Y   N	IF YES - Any favorites?
<b>Tends to Enjoy</b> (Circle all that apply): Small Dark Spaces to Relax   Perching Up High   Having Access to Windows   Climbing   Lying in Your Lap   Being Snuggled   Other	
IF OTHER - Please describe:	
<b>How do they feel about being picked up and/or held?</b> (Circle all that apply) Enjoys   It is Tolerated   Indifferent   Dislikes   Will Immediately Try to Jump Away   Will Nip, Bite, and/or Scratch   Becomes Vocal (i.e., hisses, growls, meows)   Causes Stress   Other	
IF OTHER - Please describe:	
Do they enjoy being pet? Y   N   Depends	IF YES - Any favorite spots?
IT DEPENDS - Please describe:	
<b>How are they for brushing and grooming?</b> (Circle all that apply) Excitable   Vocal   Calm   Nervous   Very Anxious   Tense   Indifferent   Reactive   Aggressive (may nip or bite or has attempted to before)   Has to be Sedated   Requires Gentle Restraint   Requires Firm Restraint   Tends to Thrash   Other	
IF OTHER - Please describe:	

## PERSONALITY AND TRAITS

Energy Level: Low   Medium   High	Play is: Gentle   Rough   Vocal   Varied   Mouthy
<b>General Disposition</b> (Circle all that apply): Happy   Relaxed   Friendly   Anxious   Timid   Shy   Confident   Lacks Confidence   Couch Potato   Excitable   Aloof   Independent   Sidekick   Goofy   Playful   Serious   Moody   Irritable   Loner   Socialite   Sensitive   Strict	
<b>The Animal Experiences</b> (Circle all that apply): Separation Anxiety   Stranger Danger   Destructive Boredom   Fear of Fireworks / Storms / Loud Noises in General   Stress Due to Past Trauma   Transportation Anxiety   Containment Anxiety / Reactivity   Barrier Sensitivity   Other	
IF OTHER - Please describe:	
<b>IF ANY WERE CIRCLED</b> - Please describe what you have observed:	
Does the animal have any fears? Y   N - IF YES, please describe:	
Is there anything else you would like us to know about this animal?	

Thank you so much for completing this Animal Questionnaire! This information helps us create the best Care Plan for new intakes, and for adoptable animals it helps us in determining the best placement for success when the time comes.

This choice can be a very difficult one, but it also shows great compassion for the animal.