

This form is detailed and will require time to complete fully. It is important that you answer all questions to the best of your ability so your dog can be placed with an appropriate foster carer.

Please include as much information as possible and return to your case worker.

ABOUT YOU

Name:

Safe address:

Safe mobile:

Email:

Alternate contact person name:

Alternate contact phone:

Shelter where your case worked is based:

Case worker's name:

Case worker's phone:

Case worker's email:

ABOUT YOUR DOG

Name:

Breed:

Age:

Sex: Male Female

Weight:

Colour:

Sterilised: Yes No If no and if your dog is female, when was she last in season?

Usual vet clinic:

Date of last vaccination:

Microchip number (if known):

Who is currently caring for your pet?

Current location of pet:

Does your dog get on well with other dogs? (eg. on walks/visiting friends etc.) Yes No

Where did you obtain your dog?

What age was your dog when you acquired him/her?

Does your dog have any medical conditions? Yes No

If yes, please detail:

Is your dog receiving any treatments or medication? Yes No

If yes, please detail:

INTERNAL USE ONLY

SM#:

Intake date:

Notes:

THE HOME ENVIRONMENT

What kind of living situation do you have? Apartment/flat Town house House with small yard

House with large yard Farm I am currently staying with friends/family

Please list each family member currently living in the home:

Name	Age
1	
2	
3	
4	
5	
6	

Who is the main carer for the dog?

Please list all the animals currently living in the home:

Name	Species	Breed	Sex	Age
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

If applicable, please comment on your dog's relationship/s with the other dog/s in your home:

If applicable, please comment on your dog's relationship with any other animals in your home:

What kind of foster home environment do you believe would suit your dog? A home with:

Other dogs Cats Cats and dogs No other dogs No other animals No children

Comments:

DIET AND FEEDING

What type of food does your dog eat? *(Please include brand names)*

What quantity do you feed your dog? *(eg. 1 cup, 2 cups etc.)*

Who feeds your dog?

What time/s is your dog fed?

Where is your dog fed? (eg. outside, in the laundry etc.)

DAILY ACTIVITIES AND ROUTINE

On average, please indicate how much time your dog spends doing the following activities on a daily basis:

Leash walks:

Supervised unleashed walks:

Unsupervised free roaming:

Loose in the backyard:

Tied up, or in a kennel:

Playing indoors:

Playing outdoors:

Other (please detail):

On average, how often do you play with toys or games with your dog?

On a daily basis, what percentage of time does your dog spend indoors versus outdoors:

Indoors

Outdoors

Does your dog ever urinate or defecate indoors? No Urinate Defecate Both

If yes, how often does he/she urinate/defecate indoors? Often Occasionally Rarely

How often is your dog left alone in the house?

On average, how many hours (daily) is your dog left alone?

Where does your dog spend most of his/her time when left alone?

Where does your dog sleep at night?

Where is your dog when you have guests?

How does your dog behave when you're leaving the house?

How does your dog behave when you return?

How does your dog behave with strangers?

How does your dog behave with familiar visitors?

How does your dog behave during thunderstorms?

Are there any other noises or situations your dog reacts to? (If so, please detail):

TRAINING

What training has your dog had? (Please select all that apply)

None Trained yourself Puppy preschool Group lessons basic Group lessons advanced

Private training at home Private training – sent to trainer (eg boot camp)

Flat collar Pinch or prong collar Choke chain Martingale Harness

If applicable, what prompted you to take your dog to obedience training?

Was the training helpful? Yes No Comments:

At home, who trains the dog?

How did/does your dog behave during training classes?

What commands does your dog know? *(please select all that apply)*

Sit Drop Stay Come Heel Other:

Can your dog 'fetch' and return an object to you? Yes No

Please list the toys your dog has/likes:

BEHAVIOUR CONCERNS

Does your dog have any behavioural problems you're concerned about? *(If yes, please detail)*

How frequently does this behaviour occur? *(Please provide detail)*

When did this behavioural problem start? *(Please provide detail)*

Has this behaviour changed over time? *(eg. Change in frequency, intensity etc.)*

In what general circumstances does the behaviour occur? *(eg. When you go out, when the dog is excited etc.)*

PERSONALITY SCREEN

The personality screen will enable us to assess your dog's behavioural 'style'. For each word, consider how well the word describes your dog and mark box accordingly. Please use the 5 point scale below, with 1 being 'really doesn't describe my dog', and 5 being 'really describes my dog'.

	Really doesn't				Really does	
Active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Assertive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Easy-going	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Energetic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Friendly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:

Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Independent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Excitable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Intelligent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Submissive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Obedient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Hyperactive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Sociable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:
Timid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Note:

AGGRESSION SCREEN

Please complete the aggression screen using the following behaviour codes:

GR = bark/growl SL = snarl/lift lip SB = snap/bite NR = no reaction NA = not applicable

1. Pat dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
2. Hug dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
3. Kiss dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
4. Lift dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
5. Call dog off furniture	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
6. Push/pull dog off furniture	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
7. Approach dog while dog on furniture	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
8. Disturb dog while resting/sleeping	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
9. Approach dog while eating	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
10. Touch dog while eating	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
11. Take dog food away	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
12. Take human food away	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
13. Take water dish away	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
14. Take treat away	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
15. Take toy/object away	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
16. Verbally punish	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
17. Physically punish	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
18. Visual threat	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
19. Speak to dog (normal tone)	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
20. Stare at dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
21. Lean over dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
22. Push on back or shoulders	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
23. Enter room	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
24. Leave room	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA

25. Reach towards dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
26. Leash restraint	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
27. Collar restraint	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
28. Scruff restraint	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
29. Put leash on/take off	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
30. Put collar on/take off	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
31. Bathe dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
32. Towel dry dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
33. Groom/brush dog	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
34. Dog at groomers	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
35. Trim nails	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
36. Leash/collar correction	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
37. Response to "Sit"	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
38. Response to "Down"	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
39. Dog at veterinary clinic	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
40. Unfamiliar adult enters house or yard	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
41. Unfamiliar child enters house or yard	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
42. Familiar adult enters house or yard	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
43. Familiar child enters house or yard	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
44. Response to toddlers/babies	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
45. Unfamiliar adult approach owner- on lead	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
46. Unfamiliar child approach owner- on lead	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
47. Dog in house, sees people outside	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
48. Response to dogs, while on leash	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
49. Response to dogs while not on lead	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
50. Response to cat/s	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA
51. Response to other animals	<input type="checkbox"/> GR	<input type="checkbox"/> SL	<input type="checkbox"/> SB	<input type="checkbox"/> NR	<input type="checkbox"/> NA

ADDITIONAL COMMENTS

Thank you for taking the time to complete this form.

To learn more about the program, visit www.rspcawa.asn.au/pets-in-crisis.php

Your privacy is important to us. We maintain strict confidentiality on all personal information you provide to us for RSPCA WA's Pets in Crisis scheme. Our Privacy Policy is available on our website: www.rspcawa.asn.au

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