

Temperament Test Questionnaire

Dog's Name: _____ **Age:** _____ **Male/Female:** _____

Altered (Neutered/Spayed): _____ **Date altered:** _____

Parent's Name: _____

Medical History (Allergies, surgeries, etc): _____

Food Brand and Type: _____

Feeding (Amount and frequency): _____

Home: How long have you owned your dog: _____

If adopted/rescued, do you have any back history: _____

What other types of pets are in the home: _____

How does your dog interact with other pets: _____

How does your dog interact with children: _____

How does your dog interact with visitors in your home: _____

Is your dog crate trained: _____ Where does your dog sleep at night: _____

Is your dog allowed on your furniture (if not, are they allowed on our furniture): _____

Fears: Are there any types of dogs that your dog is afraid of: _____

Are there any type of people that your dog fears (gender, behavior, clothing, hats, etc.): _____

Any other fears that we need to know about (lightning, fireworks, etc): _____

Has your dog ever growled, snapped or bitten a person (describe the interaction): _____

Has your dog ever growled, snapped or bitten another dog (describe the interaction): _____

Behavioral History:

Has your dog ever been to a daycare/boarding facility (where and when): _____

Does your dog share well with others (food, toys, beds, etc): _____

Any type of obedience training (type, where and when): _____

Does your dog play with toys (if yes, what is their favorite toy): _____

Where is your dog's favorite place to be pet: _____

Does your dog know any tricks: _____

Can your dog have biscuits and treats: _____

What is your dog's most valued reward (food, toy, affection): _____

What commands does your dog know: Sit _____ Stay _____ Come _____ Wait _____ Off _____
Down _____ Back _____ Leave it _____ Out _____ Place _____ Do they have a release word _____

Can your dog climb or jump a fence _____ How high _____

Does your dog have any of the following issues: Aggression _____

Chewing _____ Excessive Barking _____ Digs _____ Jumping _____ Shy _____

Eats stool _____ Escape artist _____ Marker _____ Noises _____

Separation Anxiety (if yes, please explain): _____

Any quirky behaviors we should be aware of (chasing reflections, dog smiles, etc.): _____

Is there anything else we need to know: _____

