

Pilot Dogs, Inc.
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DOG HISTORY FORM

Dear Friend:

Your answers to these questions may have a direct bearing on the future happiness and safety of a blind person. Please answer all question fully and accurately. Be sure to measure and weigh the dog, and be specific about dates. In order to give your dog every consideration as a candidate for Pilot Dogs, please submit a photo of him/her with this History Form. PLEASE PRINT.

FOR OFFICE USE ONLY

TAG: _____
NAME _____
ENTERED _____
END OF TRAINING _____
RESULTS _____
PLACED _____

Date: _____

Dog's name/breed/sex: _____

Weight: _____ Height (at shoulder): _____ Birth Date: _____

Color & Description: _____

Ears Stand? _____ Ears Trimmed? _____ Tail Docked? _____

Medical Care:

Provide the date when dog received the following (most Current):

DHLPP _____ Rabies Vaccination: _____ Heartworm Check: _____

Monthly Heartworm Preventative _____ Monthly Flea/tick prevention _____

Is the dog spayed/Neutered? If so, when? _____

If applicable, date of last Heat cycle: _____

Please list the brand of dog food the pup is eating _____

Obedience & Behavior:

Check if the dog can do the following:

1. Heel ___ Sit ___ Down ___ Stay ___ Come ___

2. Has the dog completed an obedience course? YES NO

Provide the place, and dates of the course: _____

3. Describe any challenges and successes of the dog's obedience: _____

4. Is the dog housebroken? YES NO

5. Does the dog get car sick? _____

6. Does the dog live in the house? _____

7. Is the dog crate trained? _____

Socialization:

1.The pup was raised in which situation?

City ___ Suburban ___ Rural ___ Farm___

2.Describe the pup’s reaction for the following scenarios:

When a stranger comes to the door _____

When a stranger enters the room _____

When a stranger approaches it on the street _____

Towards children _____

When it sees other dogs (ignore, interested, pulls towards, barks, lunges, etc) _____

When it sees other animals such as squirrels, cats, farm animals, birds _____

Towards traffic both small and large (ignores, scared, leery, curious, etc.) _____

Towards loud noises (thunderstorms, fireworks, etc) _____

3.Was the pup raised with other animals? YES NO

If yes, describe what type: _____

4.Has the pup ever bitten anyone? YES NO

If yes, please explain and describe the circumstances: _____

If my dog is accepted:

I will deliver him/her to Pilot Dogs (8:30 am – 4:00 pm) weekdays.

Please note: If your dog does not complete training, and you wish him/her returned, shipping will be at your expense.

If my dog does not complete training:

_____ I will pick up the dog no later than one week after notification (weekdays 8:30 am – 4:00 pm)

_____ I authorize you to place the dog in a good home

COMMENTS: *Please provide any additional information that may be helpful for training*

DONOR’S INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____