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 questions 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.

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: _______________________________________________________________________