

FAIRFAX PETS ON WHEELS, Inc.
 CANINE Behavior Assessment
 Part 1: to be completed by Owner/Handler

OWNER INFORMATION		
Owner's Name:		
Street Address:		
City/State/Zip:		
Day Phone:		
Evening Phone:		
Cell Phone:		
E Mail:		
HANDLER INFORMATION (if handler other than owner)		
Handler Name:		
Street Address:		
City/State/Zip:		
Day Phone:		
Evening Phone:		
Cell Phone:		
E Mail:		
DOG INFORMATION		
Name:		
Breed:		
Gender (please circle): M F		
Spayed/Neutered (please circle): Y N		
Color:		
Age:		
PLEASE CHECK ALL THAT APPLY TO YOUR DOG:		
<input type="checkbox"/> Friendly	<input type="checkbox"/> A little shy	<input type="checkbox"/> Knows some obedience
<input type="checkbox"/> Gives Kisses	<input type="checkbox"/> Likes to bark	<input type="checkbox"/> Knows a lot of obedience
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Has a mind of his/her own	<input type="checkbox"/> Jumps up
<input type="checkbox"/> Easy-going	<input type="checkbox"/> Pulls on walks	<input type="checkbox"/> Prefers adults to children
<input type="checkbox"/> Likes children	<input type="checkbox"/> Playfully nips/bites	<input type="checkbox"/> Friendly with strangers
<input type="checkbox"/> Cautious w/ children	<input type="checkbox"/> Reliably housebroken	<input type="checkbox"/> Cautious with strangers
<input type="checkbox"/> Smart	<input type="checkbox"/> Urinates when greeted	<input type="checkbox"/> Listens when s/he wants
<input type="checkbox"/> Obeys	<input type="checkbox"/> Some housebreaking mistakes	<input type="checkbox"/> Listens to me rather well
<input type="checkbox"/> "House dog"	<input type="checkbox"/> Travels well	<input type="checkbox"/> Tries to please
<input type="checkbox"/> "Outside dog"	<input type="checkbox"/> Dislikes other dogs	<input type="checkbox"/> May quiver w/ excitement
<input type="checkbox"/> Playful/feisty	<input type="checkbox"/> Likes attention	<input type="checkbox"/> Growls for good reasons
<input type="checkbox"/> Lots of energy	<input type="checkbox"/> "Wouldn't hurt a fly"	<input type="checkbox"/> Protective of owner
<input type="checkbox"/> Doesn't like to play rough	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Barks when excited
(over)		

FAIRFAX PETS ON WHEELS, Inc.
CANINE Behavior Assessment
Part 1: to be completed by Owner/Handler

PLEASE ANSWER THE FOLLOWING QUESTIONS BRIEFLY:

1) Has your dog ever bitten or nipped anyone? If yes, Describe

2) Has your dog been quarantined for any reason ? If yes, Describe

3) Has an animal warden or law enforcement officer ever contacted you about your dog? If yes, Describe

4) Do you know of any reason or behavior that may preclude or limit your dog from performing functions as a Fairfax Pets on Wheels volunteer? If yes, Describe

5) How does your dog respond when you take an object or food out of his/her mouth?

6) How does your dog respond to food being offered to him/her from a person's hand?

7) Other comments you may wish to share, (optional)

Signature:

Date:

Thank you for taking the time to fill out this form and for volunteering for this program.