



# WHEATENS IN NEED

## Rescue Organization

### BEHAVIORAL OBSERVATION SURVEY

Name of Dog: \_\_\_\_\_ Date: \_\_\_\_\_

Age \_\_\_\_\_ General Condition \_\_\_\_\_

#### INOCULATIONS

Type	Date Given	Date Next Needed
Rabies .....	_____	_____
DHLP .....	_____	_____
Kennel Cough .....	_____	_____
Other _____	_____	_____

#### HEARTWORM

Date Tested \_\_\_\_\_ Treatment? \_\_\_\_\_

Type of Preventative Given? \_\_\_\_\_

Daily \_\_\_\_\_ Pill \_\_\_\_\_ Liquid \_\_\_\_\_

Monthly \_\_\_\_\_ Brand \_\_\_\_\_ Date Due \_\_\_\_\_

#### FLEA MEDICATION

Yes/No \_\_\_\_\_ Type \_\_\_\_\_

Date Last Given \_\_\_\_\_ Date Due \_\_\_\_\_ Comments \_\_\_\_\_

#### SPAY/NEUTER

Date of Surgery \_\_\_\_\_

Complications / Comments \_\_\_\_\_

#### OTHER SURGERY OR TREATMENT

Type \_\_\_\_\_

Date \_\_\_\_\_ Comments \_\_\_\_\_

Type \_\_\_\_\_

Date \_\_\_\_\_ Comments \_\_\_\_\_

#### MEDICATION

Ear Type \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Eye Type \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Skin Type \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Other \_\_\_\_\_

Comments \_\_\_\_\_

#### AREAS THAT MAY NEED SPECIAL MONITORING

Clean Ears \_\_\_\_\_ Brush \_\_\_\_\_ Bathe \_\_\_\_\_ Eyes \_\_\_\_\_

Nails \_\_\_\_\_ Teeth \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

#### FEEDING



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Brand of Food \_\_\_\_\_ Type \_\_\_\_\_  
Amount Fed \_\_\_\_\_  
Time(s) of Day \_\_\_\_\_  
Where Fed \_\_\_\_\_  
Fed with other Animals? \_\_\_\_\_  
Overly Protective of Food? \_\_\_\_\_  
Comments / Suggestions \_\_\_\_\_  
\_\_\_\_\_

### OBEDIENCE TRAINING or FAMILIAR WORDS

Dog shows some familiarity with:

Sit \_\_\_\_\_ Come \_\_\_\_\_ Down/Lie Down \_\_\_\_\_ Stay \_\_\_\_\_  
Heel/Walk By Side \_\_\_\_\_ Fetch \_\_\_\_\_ Shake \_\_\_\_\_ Settle \_\_\_\_\_  
Off/Get Down \_\_\_\_\_ Up/Sit-Up \_\_\_\_\_ Leave It/Stop What You Are Doing \_\_\_\_\_  
Word For Crate or X-pen \_\_\_\_\_ Snack \_\_\_\_\_  
Potty \_\_\_\_\_ I Will Be Back/When Leaving \_\_\_\_\_ Outside \_\_\_\_\_  
Behavior on Leash \_\_\_\_\_  
\_\_\_\_\_

Response to "NO" \_\_\_\_\_  
\_\_\_\_\_

Behavior in Car \_\_\_\_\_  
\_\_\_\_\_

Behavior With Other Dogs and Children \_\_\_\_\_  
\_\_\_\_\_

### HOUSE

Needs Supervision in House? \_\_\_\_\_  
Needs to Be Crated When Unattended? \_\_\_\_\_  
Chewing / Destructiveness? \_\_\_\_\_  
Reliably House-Trained? \_\_\_\_\_  
House-Trained? \_\_\_\_\_  
Marks In House (male)? \_\_\_\_\_  
Takes Things Off Counter Tops? \_\_\_\_\_  
Prefers Furniture to Floor? \_\_\_\_\_  
Sleeps in Dog Bed? \_\_\_\_\_  
Sleeps in My Bed? \_\_\_\_\_  
Steals Things (shoes, clothes, etc...)? \_\_\_\_\_  
Likes Toys? \_\_\_\_\_  
General Comments \_\_\_\_\_  
\_\_\_\_\_

### YARD

Fence Jumps or Climbs? \_\_\_\_\_  
Digging? \_\_\_\_\_  
Barking? \_\_\_\_\_  
Knowledge of a Doggy Door? \_\_\_\_\_  
Signals on need to go outside? \_\_\_\_\_  
Comments? \_\_\_\_\_

**This Behavioral Observation Survey is completed to the best of our knowledge.**