

ADOPTION FORM

The information you provide helps us find the best possible placement for your dog.

Impound Number: A5771924 Date: 4/23/24

Dog's Name: BEN BEADY Dog's Sex: M Is your dog spayed or neutered? Yes No Unsure

Dog's Age: 7 months Primary Breed: MIX PITBULL Secondary Breed: N/A

Why are you turning in your dog? BITE OTHER DOG.

How long have you had your dog? less than 6 months 6 months to 1 year 1-5 year More than 5 years

Where did you acquire your dog from? Pet Store Online Took in as a stray Shelter/Rescue:

Private Breeder: Other: TOOK IN FROM FAMILY MEMBER

Has your dog lived or been around any of the following animal? If yes, how did he/she react? (check all that apply)

Big dogs Small dogs Cats Other: GOOD. BA

How much time (%) dogs your dog spend Indoors: 8 hrs Outdoors: 12 hrs

Is your dog housebroken? Yes No Partially

Crate-trained? Yes No If yes, how many hours is your dog usually crated for? 7-8 hrs

When home alone, where is your dog kept and for how many hours? BACKYARD

Please describe your yard: Fully fenced Height: Partially fenced No fence Tethered

Has your dog interacted with children? Yes, lives with kids ages: Visits with kids ages: No

If your dog has been around children, how did he/she behave: Playful Tolerant Avoids Hides

Nervous but warms up Chases Growls Lunges at Snarls Tries to bite

Is your dog good in the car? Yes No Unknown

How is your dog on a leash/harness: Walks politely Pulls slightly Pulls hard Never been on a leash

Does your dog bark or lunge at anything when on a leash? If so, explain: NO

Does your dog know any cues or tricks? sit

Does your dog try to escape? Often Sometimes Never

If yes, which methods of escape does your dog use? Digging Jumping Climbing Door Dashing

Is your dog destructive? Yes No If yes, please describe:

What best describes your dog's energy level? High energy Medium energy Low energy



What is your dog's favorite activity? BALL chew toys

What is your dog's favorite toy? BALLS

What kind of food do you feed your dog? Wet Dry Both What brand(s):

Has your dog ever bitten or tried to bite any of the following:

Adult Child Family Member Mail or Delivery carrier Stranger Another dog/animal

Please provide as much detail as possible about any bites or attempts to bite, including what happened before, during, and after the incident. If there has been more than one incident, please describe the three most recent below:

ATTACK ANOTHER PET IN THE HOUSE.

Please tell us your favorite thing about your dog: FULL OF ENERGY AND PLAYFUL