



52 Jalan Limbok Singapore 548731
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www.nupets.com.sg

Date: _____

Dog's Temperament Survey

Like human, each dog has its own unique character; thus, by providing us with a complete and accurate information in this diagnostic form will help us to understand your dog better; and in turn we can provide him / her better and more effective service. Thank you for your patience.

1. Basic Information

a. Owner's Name:

b. Dog's Name: _____

c. Date of birth: _____

d. Breed:

e. How long have you owned your dog?

Year: _____ Month: _____

f. Where did you get your dog? (Please tick the appropriate box)

Pet Shop

Breeder

Friend

Adopted from SPCA/ other animal shelters

Others _____

g. If adopted, what knowledge do you have of the dog's past history?

2. General Household Information

a. How many adult _____ children _____ are there in your household?

b. If there are children, what are their ages? From _____ to _____.



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c. Other dogs and cats in your household
Breed/ Age/ Sex/ Spayed or Neutered?

- Breed: _____ Age: _____ Sex: M/F Spayed/ Neutered
- Breed: _____ Age: _____ Sex: M/F Spayed/ Neutered
- Breed: _____ Age: _____ Sex: M/F Spayed/ Neutered
- Breed: _____ Age: _____ Sex: M/F Spayed/ Neutered

3. Health/ Grooming

a. How often do you brush or comb your dog's coat? (Please tick the appropriate box)

- Daily
- Weekly
- Monthly
- Never
- Others

b. How does your dog react to having his/her nails clipped?

(Please tick the appropriate box)

- Submissive
- Defensive
- Aggressive
- Others _____ (please explain)

c. Does your dog have any sensitive areas on his/her body? Yes/No

If yes, where? _____

d. Does your dog have any allergies or sensitive to any diet/ grooming products?

Yes/ No

If yes, please explain _____

e. Does your dog have any physical disabilities? Yes/ No

If yes, please explain disability & cause _____

f. If answer is yes, what restrictions need to be placed on your dog's activities or movement? (Please tick the appropriate box)

- No Jumping
- No Running
- No hard play
- No contact with other dogs
- Others _____ (please explain)



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g. Does your dog have any pre-existing medical conditions? Yes/ No
If yes, please explain _____

h. If answer is yes, please explain the type of medication use and dosage

4. Exercise Regime / Routine

a. How frequently do you walk your dog outside? (Please tick the appropriate box)

Once Daily

Twice Daily

Once a week

Never

Others _____

b. Indicate the routine that best describe your dog (Please tick the appropriate box)

Spends all days sleeping with occasional walks/ play with human or other dogs

Short daily walks with regular play with human or other dogs

Long, multiple daily walks with regular play with human or other dogs

Regular jogs/ swimming or participation in sport like flyball, agility obstacles, frisbee, etc.

5. Behavior

a. Relations with people and other animals; kindly indicate the level of socializing that best describe your dog's behavior. (Please tick the appropriate box)

Loner – No knowledge of other dogs interaction

Minimal – On lead / leash encounter only

Moderate – Some off-leash plays on occasion with friends / neighbors' dogs

Extensive – Regular visits to dog social events, off leash play at dog parks, dog day care etc

b. How does your dog behave around children? (Please tick the appropriate box)

Responsive / friendly

Nervous / Shy / Fearful

Aggressive / Dominant

Independent / couldn't care less attitude

Not sure, never experienced



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c. How does your dog get along with other household pets?

(Please tick the appropriate box)

Friendly / Bunch together

Ignored their presence // couldn't care less attitude

Aggressive / Dominant / Growl when attention is given to the other

Not sure, never experienced

d. How does your dog react to strangers coming into your home?

(Please tick the appropriate box)

Responsive / friendly

Nervous / Shy / Fearful

Aggressive / Dominant / Bark loudly / Growls

Not interested / couldn't care less attitude

e. How does your dog react to people walking pass your house / flat?

(Please tick the appropriate box)

Responsive / friendly

Nervous / Shy / Fearful

Aggressive / Dominant / Bark loudly / Growls

Not interested / Care less attitude

f. Are there any particular types of people that your dog seems to automatically fear or dislike?

g. Are there any types / breeds of dog that your dog seems to automatically fear or dislike?

h. How does your dog react to another dog approaching the park, at the beach or on a walk? (Please tick the appropriate box)

On a leash Off leash

Wag tail / friendly / Tug at leash

Nervous / Shy / Fearful / Hide

Aggressive / Bark loudly / Growls

Not interested / couldn't care less attitude

i. What kind of games does your dog loved to play?



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j. Where is your dog's favorite petting spot?

k. Has your dog ever shared his/her food with other dogs? Yes/ No

If yes, how did it react? (Please tick the appropriate box)

Responsive / friendly

Nervous / Shy / Fearful/ Submissive

Aggressive / Dominant / Bark loudly / Growls

Not interested / couldn't care less attitude

l. Has your dog ever growled or bitten someone/ another dog? Yes/ No

If yes, what were the circumstances and how did you respond?

m. How does your dog react when you reach home at the end of the day?

(Please tick the appropriate box)

Tail wagging

Whining/ Yelping

Barking loudly / Growling

Not interested

n. What does your dog do to show that he/she is happy?

(Please tick the appropriate box)

Tail wagging

Whining / Yelping

Barking loudly

Jumping / dashing around

o. Is your dog frightened by thunderstorm or any other noise? Yes/ No

If yes, please state



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6. Communications / Training

a. Which command does your dog know? (Please tick the appropriate box)

- Sit
- Stay
- Down
- Come
- Heel
- Rollover
- Kisses
- High Five
- All of the above
- Others _____

b. What kind of collar do you use to walk your dog? (Please tick the appropriate box)

- Buckle
- Choke Chain
- Harness
- Head Collar
- Nose lead

c. Is it effective to keep him under control? Yes/ No

If no, please explain

d. Does your dog have a command to answer nature call? Yes/ No

If yes, what is the command?

e. Does your dog have a command to be quiet? Yes/No

If yes, what is the command?

7. Other comments or information about your dog that you feel might be helpful?

