



## GOLDEN BOND RESCUE OF OREGON

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www.goldenbondrescue.com

A 501c(3) Corporation

## IN-TAKE CALL INTERVIEW

### Addendum B – Aggression Issues

Please complete this form using a **pen** and email it within 24 hours of the evaluation to:

[dogevaluation@goldenbondrescue.com](mailto:dogevaluation@goldenbondrescue.com)

Dog's Name: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

### REACTIVITY WITH OTHER ANIMALS

1. How often is the dog around other dogs? \_\_\_\_\_
2. What is the dog's reaction to other dogs outside of the home and yard or at a Veterinarian's office?  
\_\_\_\_\_

3. Has this dog ever been in a fight with another dog?  Yes  No  Not Sure

If so: What were the circumstances and results? \_\_\_\_\_

Was the other dog a stranger or one it had met before?  Yes  No  Not Sure

What was the size, breed and gender of the other dog?

Size: \_\_\_\_\_ lbs. Breed: \_\_\_\_\_  Male  Female  Neutered  Spayed

Was either dog on a leash? Owner's dog:  Yes  No Other dog:  Yes  No

Did it occur on "neutral" territory?  Yes  No

Was a toy, treat or food involved?  Yes  No Specify: \_\_\_\_\_

Were there any puncture wounds or physical harm to either dog?  Yes  No  Not Sure

Was veterinarian care needed?  Yes  No If so, describe the full extent of injuries to both

dogs: \_\_\_\_\_

### REACTIVITY WITH HUMANS

1. Has the dog ever bitten an adult or child?  Yes  No  Not Sure

If so: Who was bitten? \_\_\_\_\_

What was occurring prior to the bite? \_\_\_\_\_

Did the dog give any warnings, growls or snaps?  Yes  No  Not Sure

Which of the following best describes the dog bite?  Quick Snap  Multiple Bites

Grab/Hold/Wouldn't Let Go

How was the attack stopped? \_\_\_\_\_

What did the dog do immediately after the incident? \_\_\_\_\_

Did the dog bite cause broken skin?  Yes  No  Not Sure

Please describe any injuries: \_\_\_\_\_

Was professional medical attention sought?  Yes  No  Not Sure

Was a Bite Report filed with the residing authority?  Yes  No  Not Sure

2. Can you identify what people do that may cause the dog to become uncomfortable and possibly growl, snap or bite? \_\_\_\_\_

3. Are there areas or parts of your dog's body that it does not like to have touched?  Yes  No

If so, please describe: \_\_\_\_\_

4. Does the Veterinarian muzzle your dog?  Yes  No  Not Sue

5. Describe what happens if you grab the dog by the collar. \_\_\_\_\_

6. Does the dog frequently roll over for a belly rub?  Yes  No

7. Is the dog protective of food/treats or toys with either children or adults?  Yes  No

8. Does the dog seem to prefer men or women?  Men  Women  No Preference

9. Describe the dog's reaction when a stranger comes to the door or approaches the yard. \_\_\_\_\_