

**WHEATENS IN NEED RESCUE
(WIN)**

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 _____

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FEEDING

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, after a two(2) week evaluation of the above named dog.