



OFFICE USE ONLY

Animal ID#: _____

Arrival Date: _____

Staff Name: _____

**Answers marked with an asterisk need to have a BABH sheet on page 10 filled out*

Canine Surrender Profile

Bite History

- Has your dog bitten anyone or any animal in the last ten days? Yes* No
- Has your dog ever bitten anyone or another animal and drawn blood? Yes* No

If you've checked yes to either question, please stop and inform a staff member.

General

Dog's Name: _____ Dog's age (give DOB if known) or approx age: _____

Dogs Breed: _____

- Dog's Gender: Male Female Unsure
- Spay or Neuter: Neutered Spayed Unsure Not fixed
- Identification: Microchip None Tattoo (If tattooed, where?) _____

History

Why are you surrendering your dog? _____

If surrender reason is behavioral, please explain:* _____

If surrender reason is health, please explain: _____

How long have you owned your dog? _____ Including yours, how many homes has this dog had? _____

Where did you acquire this dog?

- From BHS Pet Store
- Found as a stray Breeder
- Friend Another Shelter, if so, what shelter? _____
- Relative rehoming A rescue group, if so, what rescue group? _____
- Born in my home Other (please explain) _____
- Family Death Craigslist/Facebook

Lifestyle

Please check all the animals the dog has lived with (check all that apply)

- Male Dogs Female Dogs Male Cats Female Cats
- Small Animals (what kind?) _____ Farm Animals (what kind?) _____
- No other animals lived in the home Other (please explain) _____

Please describe the dog's behavior around other dogs (*check all that apply*)

- Never been around dogs
- Adores other dogs
- Friendly/playful
- Bossy
- Frightened
- Ignores
- Gentle/submissive
- Roughhouses
- Dog friends outside of home
- Dog Selective
- Behavior issues with dogs of same gender*
- Behavior issues with all dogs*

Notes: _____

Would you recommend placing this dog in a home with other dogs? Yes No Possibly

If no/possibly, please explain: _____

Please describe the dog's behavior around cats. (*check all that apply*)

- Never been around cats
- Respectful
- Friendly/playful
- Has behavior issues with cats*
- Has killed a cat*
- Frightened
- Ignores
- Chases to harm*
- Chases for fun
- Chases non-stop
- Gentle/submissive
- Other (*please explain*)

Notes: _____

Would you recommend placing this dog in a home with cats? Yes No Possibly Dog-savvy cats

If no/possibly, please explain: _____

Please describe the type and number of individuals that resided in the home (men, women, children, etc).

Please describe the family dynamic in the home. (*check all that apply*)

- Roommates renting together
- A single individual with no family, friends, or significant others in home
- A couple
- A couple with children
- A single adult with children
- An elderly individual
- An elderly couple
- Other (*please describe*) _____

Please describe the type of home this dog resided in.

- An apartment
- A home
- A nursing home/assisted living facility
- A dorm or fraternity/sorority

Where was the dog when no members of the family were at home?

- Free run of the house
- Crated
- In fenced yard
- In garage or basement
- Confined to room
- Outside on chain or runner
- Electronic Pet Containment
- Other (*please explain*) _____

How many hours a day was the dog kept outside (not including exercise)?

- None
- Less than an hour
- 1-2 hours
- 3-4 hours
- More the 5 hours
- Lived outdoors
- Allowed inside only at night
- Other (*please explain*) _____

Explain how your dog was confined to your property when outside:

- Fenced yard Tied out Runner Dog house
 Electronic Containment Kennel Other (please explain) _____

If your dog was confined by a fence, how high was the fence? _____

If your dog was kept outdoors, did he/she ever do any of the following? (Check all that apply)

- Sleep or sit quietly Dig Bark Cry
 Howl Pace Pant Become tangled
 Escape tie or runner Escape Slip Collar Act aggressive
 Other (please explain) _____

Does this dog chase any of the following? (Check all that apply)

- Bikes Cars Pedestrians Wildlife Farm Animals

If yes, what does the dog do when he/she gets to them? _____

Will this dog run away if loose? Yes No Unsure

If yes, how do you retrieve your dog? _____

Has this dog been kenneled at: Boarding kennel Veterinarian Animal Shelter

For what length of time: _____

How did the dog react when boarded? _____

Where does the dog sleep at night? (Check all that apply)

- Loose inside house In garage Outside In child's room
 In adults room On owner's bed On dog bed Crate
 Couch or chair Confined to one room Other (please explain) _____

Manners & Training

What activities did you participate in with your dog? (Check all that apply)

- Obedience Training Agility Herding Therapy Dog
 Fieldwork Fly ball None

Please check if the dog has ever done any of the following*:

- | | | | | |
|--------------------------|----------------------------------|----------------------------------|---------------------------------|-------------------------------|
| Adult family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Child family members | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Strangers at door | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Visiting adults | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Visiting children | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Vet or groomer | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Near dog's sleeping area | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| Pedestrians | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| People near his/her food | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |
| People in uniform | <input type="checkbox"/> Growled | <input type="checkbox"/> Snapped | <input type="checkbox"/> Bitten | <input type="checkbox"/> None |

Wildlife Growled Snapped Bitten None
Neighbors pets Growled Snapped Bitten None

Please explain if growled, snapped, bitten: _____

Is this dog housetrained? Yes No Almost

If no, please explain: _____

If no, when do accidents most often happen?

Not closely supervised Not kept on schedule When overexcited
 While sleeping When signals are ignored Other (please explain) _____

How have you dealt with this problem? (Check all that apply)

Consult vet or trainer Paper training Confined dog Rubbed nose in it
 Yelled at dog Spanked dog Kept dog outside Blamed myself
 Read up on housetraining methods Other (please explain) _____

Is this dog crate trained? Yes No Can escape

If yes, how long did the dog spend in the crate each day? _____

Can this dog be left alone in the house for 8 hours a day without issues? Yes No

If no, why not? _____

Is the dog destructive if left alone inside the home? Yes (if yes check all that apply) No

Chews woodwork/walls Chews furniture Chews Plants Chews clothing/shoes
 Chews paper or trash Chews toys Steals food Urinates/defecates
 Other (please explain) _____

How did you respond to destructive behavior? _____

Will the dog "steal" unattended food and objects from tables/counters? Yes No

Can the dog be allowed off-leash and come when called? Yes No

How often do you work on training?

Everyday Several times a week Once a week Never

What commands have you taught your dog? (Please list all that apply) _____

Is the dog allowed to sit and/or sleep on the furniture? Yes No

If yes, does the dog get off the furniture when told? Yes No Possessive of Furniture

Does dog allow guests into the home? Yes No With slow introductions

If no, please explain: _____

Does the dog jump on people when greeting them? Yes No

Is the dog constantly underfoot when food is present? Yes No

Does the dog beg at the table or in the kitchen? Yes No

If yes, does the dog get rewarded? Yes No

How does the dog act in the car? (Check all that apply)

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Loves it | <input type="checkbox"/> Hates it | <input type="checkbox"/> Tolerates it | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Afraid, but ok | <input type="checkbox"/> Protective of car | <input type="checkbox"/> Car Sick | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Dog never goes in car | <input type="checkbox"/> Jumps out Windows | |
| <input type="checkbox"/> Other (please explain) | _____ | | |

Is the dog protective or possessive of any of the following?* (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Food with other pets | <input type="checkbox"/> Food with people | <input type="checkbox"/> Toys with other pets | <input type="checkbox"/> Toys with people |
| <input type="checkbox"/> His/her body | <input type="checkbox"/> Owner/family | <input type="checkbox"/> Property/home | <input type="checkbox"/> Treats |
| <input type="checkbox"/> Rawhide/Bones | <input type="checkbox"/> Furniture | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other (please explain) | _____ | | |

How does the dog react when handled or corrected by the collar? (Check all that apply)

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Accepts it | <input type="checkbox"/> Lies down | <input type="checkbox"/> Growls/barks* | <input type="checkbox"/> Snaps/bites* |
| <input type="checkbox"/> Backs out of collar | <input type="checkbox"/> Cries/yelps | <input type="checkbox"/> Acts frightened | <input type="checkbox"/> Resists strongly |
| <input type="checkbox"/> Other (please explain) | _____ | | |

What frightens the dog? (Check all that apply)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Babies or toddlers | <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> School-age children | <input type="checkbox"/> Strangers/visitors | <input type="checkbox"/> People in uniform | <input type="checkbox"/> Water |
| <input type="checkbox"/> Unpredictable children | <input type="checkbox"/> Vacuums | <input type="checkbox"/> Brooms | <input type="checkbox"/> Loud voices |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Thunder/Lightening | <input type="checkbox"/> Sudden movement | <input type="checkbox"/> Cars |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Veterinarians | <input type="checkbox"/> Groomers | <input type="checkbox"/> Hats |
| <input type="checkbox"/> Other (please explain) | _____ | | |

What are the dog's barking habits? (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Barks indoors | <input type="checkbox"/> Barks at strangers | <input type="checkbox"/> Barks for attention | <input type="checkbox"/> Barks outside |
| <input type="checkbox"/> Barks at other animals | <input type="checkbox"/> Barks during play | <input type="checkbox"/> Rarely barks | <input type="checkbox"/> Barks when lonely |
| <input type="checkbox"/> Barks in car | <input type="checkbox"/> Barks for attention and is rewarded | | |
| <input type="checkbox"/> Other (please explain) | _____ | | |

What undesirable traits does your dog have? (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Licks people | <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Follows me | <input type="checkbox"/> Runs out the door |
| <input type="checkbox"/> Steals clothing | <input type="checkbox"/> Drools | <input type="checkbox"/> Barks for food/attention | |

Other (please explain) _____

Have you tried to correct or discourage the undesirable behaviors? Yes No

If yes, how? _____

Health & Grooming

Did the dog see a vet on a regular basis (at least once a year)? Yes No Unsure

Which Veterinary Hospital? _____

How did the dog react to going to the vet? _____

Does the dog need to be muzzled at the vet? Yes No Unsure

Has this dog ever been hit by a car or required surgery? Yes No Unsure

If yes, please explain: _____

Has this dog ever been diagnosed or treated for any of the following by a vet? (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Heartworm disease | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Skin allergies | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Irritable bowel | <input type="checkbox"/> Hip Dysplasia | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> UTI | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Parvo | <input type="checkbox"/> Kennel Cough | | |
| <input type="checkbox"/> Other (please explain) | _____ | | |

Does this dog require medication on a regular basis? Yes No

If yes, please list medications & why: _____

Can the dog climb stairs? Yes No Unsure

Does your dog allow you to clip his/her nails? Yes No Unsure Needs muzzle

Does your dog like to be brushed? Yes No Unsure

Are there any places on the dog's body he/she does not like to being touched, brushed or petted?

No Yes (please explain) _____

Has your dog ever been professionally groomed? Yes No

If yes, how did the dog behave? _____

Diet, Exercise & Play

What brand of dog food does this dog eat? _____

What style of food? Wet food Dry food Combination of both

How often is the dog fed, and how much at a time? _____

Did the dog receive treats on a regular basis? Yes No

If yes, what type of treats does the dog like best? _____

Does this dog have allergies to any grain or common food ingredients? Yes No

If yes, please explain: _____

What are your dog's favorite kinds of toys? (Check all that apply)

- Shows no interest in toys
- Frisbee
- Squeaky toys
- Plastic bottles
- Tennis balls/rubber ball
- Rope toys
- Shoes
- Rocks
- Sticks
- Plush toys
- Children's toys
- Other (please explain) _____

What does your dog do with his/her toys?

- Carries toys around
- Tosses around
- Plays "keep away"
- Chews them
- "Comfort" behaviors
- Shreds/tears apart
- Retrieves to owner
- Buries/hides them
- Protects them*
- Other (please explain): _____

Notes: _____

Can toys be taken away from your dog with out any issues? Yes No* Plays Keep Away

If no, please explain: _____

What type of exercise does the dog get on a regular (several times a week) basis?

- Goes jogging
- Long walks
- Swimming
- Dog park
- Vigorous play
- Plays w/ dogs
- No exercise at all
- Plays w/ kids
- Goes hiking
- Plays w/ adults
- Runs in backyard alone
- Only outside for bathroom breaks
- Other (please explain): _____

Describe this dog's play style with people. (Check all that apply)

- Plays gently
- Does not use teeth or body strength
- Plays roughly but stops when told
- Jumps and uses mouth in play
- Gets overstimulated easily
- No interest in playing with people
- Plays very physically
- Prefers fetch
- Prefers to chase
- Just likes to hangout
- Tends to herd
- Other (please explain): _____

Describe this dog's play style with other dogs. (Check all that apply)

- Plays chase with little or no body contact
- Plays hard with hip checks and body slams
- Plays chase with a lot of body contact
- Adapts to other dogs play style
- Can play w/more than one dog at a time
- Plays quietly with other dogs

- Likes to play with dogs smaller than him
- Likes to play with gentle dogs
- Has to be in charge in play situations
- Will play with all dogs
- Hangs out with other dogs rather than play
- Barks constantly
- Does not enjoy playing w/other dogs at all
- Shares toys
- Other (please explain): _____

Experience with Children

If your dog has never lived with or regularly visited with children, please check the box below & skip to the next section.

- This dog has no history around children under the age of 18.

Did this dog live with children? Yes No
 If yes, what were the ages of the children? _____

Would you recommend this dog live with children? Yes No Well managed family
 Describe why or why not: _____

Did your home have children as visitors on a regular basis? Yes No Only occasionally
 If yes, what were the ages of the children? _____

Would you recommend this dog be placed in a home where children or grandchildren visit on a regular basis?
 Yes No (please explain): _____
 If kept separate/properly managed (please explain) _____

Were all interactions with the dog and children supervised by an adult? Yes No

In your opinion, what age children would live happily and safe with this dog? _____

Describe the dog's behavior around children. (Check all that apply)

- Friendly/playful
- Gentle
- Avoids children
- Snappy at times*
- Aggressive*
- Too active
- Nervous/frightened
- Indifferent
- Adores children
- Watches over children
- Excited
- Unpredictable*
- Jumpy
- Other (please explain): _____

Describe your children's behavior around the dog. (Check all that apply)

- Respectful
- Active
- Ignores dog
- Loving
- Bored with dog
- Unpredictable
- Gentle
- Plays rough
- Adores dog
- Indifferent
- Avoids dog
- Nervous/frightened
- Loud
- Abusive
- Includes dog in everyday activities
- Other (please explain): _____

Will this dog allow children to touch or handle his/her food and water dishes without getting upset? Yes No*
 If no, please explain: _____

Will this dog allow adults to touch or handle his/her food and water dishes without getting upset? Yes No*

If no, please explain: _____

- | | | |
|---|------------------------------|-----------------------------|
| Will the dog try to take food from children when not offered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the children regularly offer food/treats to the dog? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the dog take treats from children gently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the dog accept being brushed or petted by children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have your children fed or watered the dog on a daily basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your dog ever been walked by a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child ever tripped, stepped on, or fallen on your dog? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, how did the dog react? _____

Please describe your dog's most likely reaction to the following.

A child jumping, hopping, etc: _____

A child throwing a ball or toy: _____

A child yelling or shrieking: _____

A child waving arms or other unexpected movements: _____

A child approaching when he/she is sleeping: _____

A child running: _____

Additional Comments

Are there any additional comments you would like to add about the dog that would be helpful to families considering adopting him or her? _____

Bite/Aggressive Behavior History

Is there any report of this dog ever biting a person? Yes No Unknown

Approx Date & Explain Circumstances: _____

Is there any report of this dog ever biting another animal? Yes No Unknown

Approx Date & Explain Circumstances: _____

Does this dog show any aggressive behavior over food, toys, rawhide, family members, or furniture?

Yes No

If yes, please explain: _____

Please indicate how your dog reacts at any time in the following situations:

Person approaching dog while eating	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Another pet approaching dog while eating	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Take away rawhide/high value treat	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Take away toy (non food object)	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Take away human food that falls on floor	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Take away item dog has stolen (trash, etc)	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Reach for dog's collar/scruff	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Restrain dog when she/he wants to go	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Physically wake or disturb resting dog	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Take off/on collar	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Direct dog by the collar	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Push dog from furniture	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Make dog respond to a command	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Trim nails	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Bathe dog	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Manipulate dogs face/muzzle	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Manipulate dogs legs/paws	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Reprimand dog w/loud voice/yelling	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Visually threaten dog with hand/newspaper	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Hit dog with newspaper	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Place dog in crate	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Dog sees other people/dogs while in a car	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Stranger enters yard/house	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Stranger approaches dog in car	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Stranger approaches dog while on leash	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction
Response to babies/toddlers	<input type="checkbox"/> Barks	<input type="checkbox"/> Growls	<input type="checkbox"/> Shows teeth	<input type="checkbox"/> Snaps	<input type="checkbox"/> Bites	<input type="checkbox"/> No reaction