

Dog's Name: _____

STAFF: _____

DATE: _____

I originally got my dog from: _____ I've owned him/her for: _____ yrs.

I would describe my dog as: A family dog For adults only One person dog

Other: _____

My dog goes outside to urinate and defecate: Always Sometimes Never

If sometimes or never, please give us more information:

How often does he/she go outside? _____ Is he/she crate trained? Yes No

For how many hours at a time is he/she left alone? _____

When he/she eliminates in the house, does he/she urinate, defecate, or both? _____

My dog currently lives with: Other dogs Cats Children Other: _____

How does your dog get along with the above? _____

Ages of children and the breed/sex of other dogs: _____

While I'm away from the house, my dog is kept:

Loose in the house Loose in the yard Chained in the yard In a crate

In an outdoor kennel Restricted to one or two rooms

When left alone, my dog: (check all that apply)

Barks Chews furniture Scratches on doors or windows

Chews personal items Defecates/urinates in the house

My dog is afraid of: (check all that apply)

Strangers Loud noises Thunderstorms Men

Being alone Children Vet visits Car rides

Other: _____

My dog knows the following commands: (check all that apply)

Sit Lie down Stay/Wait Heels on leash Come

Most of the time, I would describe my dog as: (check all that apply)

- Friendly
- Protective
- Affectionate
- Craves attention
- Quiet
- Aggressive
- Fearful
- Hyper
- Plays rough
- Shy
- Playful
- Stubborn
- Destructive
- Clingy/needy
- Other: _____

Using the key provided, please describe how your dog behaves in the following circumstances.

I or another family member enters the house: _____

A visitor enters the house: _____

Children who are visitors enter the house: _____

My dog sees a jogger or child on a bike: _____

I take a favorite toy or bone away from my dog: _____

I take away food or a treat: _____

My dog is disturbed while sleeping: _____

My dog sees another dog walking on leash: _____

My dog was last seen by a veterinarian on: _____ at: _____
DATE VET PRACTICE NAME / VET'S NAME

- My dog:
- Is spayed or neutered
 - Is microchipped
 - Is current on vaccinations
 - Has had allergic reactions to vaccines in the past
 - Has never been to a veterinarian

My dog has the following health concerns: _____

My dog is currently on this medication: _____

Other helpful information about my dog:

Please select from the following choices when responding to the questions on your dog's behavior on page 3 of the Dog Profile Form. Let a staff member know if you have questions.

Very Excited—

My dog will bark, whine, and jump up on people and objects. My dog seeks out activity and will chase people or things. My dog has a hard time calming down and usually has to be removed from whatever is causing the excitement.

Excited—

My dog will bark and whine and may jump up on people or objects, but calms down quickly.

Happy—

My dog is interested and polite. My dog doesn't jump up, but wags his/her tail and approaches.

Indifferent—

My dog is not interested and does not break away from whatever s/he may be doing.

Anxious—

My dog appears interested and will approach. Ears are down and his/her tail will be tucked, but wagging. My dog looks guilty. My dog may get so worked up s/he urinates or rolls over.

Scared—

My dog runs away from the situation and attempts to hide under or behind a table or other object. My dog may eventually approach depending on the circumstances.

Growls—

My dog growls in a low tone and may assume a stiff body posture.

Shows Teeth—

My dog's lips curl back so that the front teeth can be seen.

Snaps—

My dog attempts to bite, but does not make contact with skin.

Nips—

My dog bites, but does not bite hard enough to break the skin.

Bites—

My dog bites, breaks the skin or tears clothing.

Barks—

My dog is very vocal.

Don't know—

I am not familiar with how my dog would react in this situation.

Other—

If none of the above apply, please explain in the space provided how your dog would respond.