

Dog Profile



Date: _____

Animal ID (Staff Use Only)

Dogs' information:

Dog's name: _____

Breed: _____

Age: _____ Date of birth (if known): _____

Sex: Male Female

Spayed or Neutered: Yes No Unknown

About your dog's history:

How long has this dog lived with you? _____

Where did you obtain the dog? _____

Please explain why you are relinquishing your dog:

About your dog's habits:

When you are at home where does your dog spend their time? Inside Outside Goes in and out

When you are away from home where does your dog spend their time? Inside Outside Goes in and out

When the dog is inside they are: Roaming freely Kept in a room In a crate Other: _____

When outside, how is dog confined?

- | | |
|--|---|
| <input type="checkbox"/> Fenced yard | <input type="checkbox"/> No confinement |
| <input type="checkbox"/> Fenced dog run (size) _____ | <input type="checkbox"/> Tethered by chain or cable |
| <input type="checkbox"/> Electric fence | <input type="checkbox"/> Garage |

On average, how long is your dog left alone each day? _____

For how many hours is your dog comfortable being left alone? _____

When alone, how do they behave?

- | | |
|--|--|
| <input type="checkbox"/> Rests | <input type="checkbox"/> Howls |
| <input type="checkbox"/> Plays | <input type="checkbox"/> Digs |
| <input type="checkbox"/> Paces | <input type="checkbox"/> Tries to escape. If so, what? _____ |
| <input type="checkbox"/> Chews. If so, what? _____ | <input type="checkbox"/> Barks |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Other: _____ |

What is your dog's exercise routine?

Has your dog ever been introduced to a crate? Yes No

If yes, please describe their behavior in the crate:

Does your dog still use the crate? Yes No

If yes, please explain when:

Is this dog house trained? Yes No

Does this dog have accidents? Yes No

If yes: Urine Feces Both

When does this dog have accidents?

Frequent accidents, even when people are home

Only has accidents when left alone over (length of time): _____

Only has occasional accidents.

Please explain:

Where does your dog go to the bathroom? Yard Walks Potty pads Other: _____

Has your dog ever escaped from the yard or house? Yes No

If yes, please explain the circumstance(s):

About your dog's behavior:

Do you take your dog to the dog park? Yes No

If yes, how does your dog act at the dog park?

Does your dog like playing with dogs outside of the home? Yes No Resident dog only

How does your dog greet other animals outside of the home or in general?

Has your dog lived with other animals? Yes No

If yes, please check all species:

Dogs

Chickens

Small mammals.

Cats

Livestock

If yes, were they caged?

Reptiles

Yes No

Please describe your dog's relationship with each pet:

Has your dog ever fought with another dog? Yes No

If yes, did this incident require veterinary attention? Yes No

If yes, please describe the situation:

Were there food, toys, or rawhides involved? Yes No

Has your dog ever injured another dog? Yes No

If yes, where on the other dog's body was the injury:

How severe was the injury? *Check all that apply*

Bruise or scrape

Single bite (puncturing the skin)

Multiple bites (puncturing the skin)

Severe multiple bites/mauling

Other: _____

What is your dog's favorite game/activity?

What are your dog's favorite toys?

Who does your dog most enjoy spending time with?

How does your dog generally show affection?

How does your dog generally greet strangers in the home?

How does your dog greet strangers outside of the home or in general?

How does your dog behave at the vet?

Has your dog ever growled at you or anyone else? Yes No

If yes, please explain:

Has your dog ever bared his teeth at you or anyone else? Yes No

If yes, please explain:

Has your dog ever lunged at you or anyone else? Yes No

If yes, please explain:

How often does your dog show aggression?

Has your dog ever snapped at you or anyone else? Yes No

If yes, please explain:

Has your dog ever shown any other form of aggression towards you or anyone else? Yes No

If yes, please explain:

Has your dog ever bitten you or anyone else? Yes No

If yes, please explain the incident(s) and where the bite(s) was on the receiver:

How many times has your dog bitten?

How much damage did the bite cause?

- No damage
- Bruising/swelling/redness
- Single puncture not requiring medical attention
- Multiple punctures not requiring medical attention
- Punctures requiring stitches and medical intervention

Has your dog bitten and broken the skin on anyone in the past 10 days? Yes No

If so, please write the date the bite occurred:

Does your dog have any fears, and if so what are they?

What does your dog do when they are frightened?

Is your dog sensitive about being handled in any way? Yes No

If yes, please explain, including the dog's reaction:

Has your dog had any experience with children? Yes No

If yes, what ages and what circumstances:

Would you recommend that your dog be placed in a home with children? Yes No

If no, please explain:

Has your dog been through any manners training? Yes No

If yes, please explain (ex. Training at home, level of obedience classes):

What commands/special tricks does your dog know?

Have you and your dog ever worked with a behaviorist, dog trainer, or other professional? Yes No

If yes, what behavior(s) did you seek help for:

What's your dog's leash walking behavior? Pulls on leash Walks politely on leash No exposure to a leash

What training equipment is this dog used to?

Harness

Clicker

Gentle Leader

Choke chain

Pinch/prong collar

Shock collar

Other: _____

How do you provide feedback when your dog is doing something you don't like?

Verbal corrections

Physical corrections

Redirect

Change the environment

Positive-reinforcement/force-free training

Other: _____

Please explain any behaviors that the new adopters will need to be aware of, and under what circumstances they may happen. (Example: Chewing, excessive barking, separation anxiety):

If you believe your dog has separation anxiety, please list the symptoms:

In what way(s) has your dog been destructive in your home?

Do these behaviors continue to happen? Yes No

If yes, please explain consistency:

About your dog's health:

What food is your dog currently eating?

What is the name of your veterinary clinic?

Is your dog current on their vaccinations? Yes No

Does your dog have any medical concerns? Yes No

If yes, please explain:

In the last 30 days has your dog had:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Blood in urine |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Straining to urinate |

Does your dog have any skin allergies? Yes No

If yes, what are the symptoms?

Have they been diagnosed by a vet? Yes No

Please list diagnosis if yes:

Are they controlled by: Special diet Drug dosage Uncontrolled

If skin allergies are uncontrolled, was a solution sought? Yes No

Please explain:

Has your dog ever been diagnosed with a urinary tract infection? Yes No

If yes, what was the outcome?

Does your dog suffer from seizures? Yes No

If so, are they controlled by medication? (Please write name and dosage of medication.)

If the seizures are not controlled, have there been measures sought to control them? Yes No

If so, what are they?

Please use the space below for any additional information you would like to share about your dog: