

Shelter use only	
Name:	
A#:	

Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his or her new home, this information will help us find the most suitable home for your dog and effectively counsel the new family. Your honest and complete answers are necessary and appreciated.

By signing below, I certify that the information I am about to provide is accurate and complete to the best of my knowledge.

Signature		Date
Print Name		_Dog's Name
Address		
Phone Number	Email Address	

DOG DESCRIPTION Dog's Name: ______ Age: _____ Age: _____ Sex: ☐ male ☐ female Spayed/Neutered: ☐ yes ☐ no ☐ unknown Microchipped: ☐ yes ☐ no Where did you get this dog? ☐ this shelter ☐ friend ☐ relative ☐ newspaper ☐ website ☐ breeder ☐ found stray □ pet store (list name): □ other shelter/rescue (list name): Owned for how long? Reason for surrendering? HOME ENVIRONMENT What type of home did the dog live in? ☐ apartment/condo ☐ townhouse ☐ single family home How many people are in the home? _____ Current ages of children under 18: _____ Describe the dog's interaction with the children in the home: Did the dog live with other animals? ☐ yes ☐ no If yes, what species/breed? Describe the dog's interaction with the other animals in the home: ________________________________ Are you surrendering the dog with another animal? ☐ yes ☐ no Names of other surrendered animals: _____ Do you believe they are bonded? ☐ yes ☐ no If yes, why? Where was the dog usually kept? ☐ loose in home ☐ crate ☐ one room ☐ basement ☐ garage ☐ yard Did the dog have access to a fenced yard? yes no If yes, what type of fence? _____ Height: _____ How many hours was the dog left alone each day? ________________________________ How often did the dog need to be let out for bathroom breaks? How often did the dog have accidents in the home? What brand of food did the dog eat? ______ Dry, canned, or both? _____ Dog was: ☐ free fed ☐ designated mealtimes When? _____ Favorite treats/toys: _____ **MEDICAL** Has the dog been to a vet? ☐ yes ☐ no Name/number of vet: _____ Is the dog current on vaccinations? ☐ yes ☐ no When was the dog last seen by a vet? ______ Does the dog currently have any medical issues? ☐ yes ☐ no List conditions: ______

Has the dog had any serious illnesses or injuries in the past? ☐ yes ☐ no List conditions: _____

Is the dog currently taking any medications? ☐ yes ☐ no List meds:

Additional medical comments:

BEHAVIOR

Is the dog good with <i>(check all that apply)</i> : \square young kids \square older kids \square big dogs \square small dogs
\square cats \square small animals \square strangers \square grooming/baths \square going to the vet \square car rides
If the dog is NOT good with any of the above, please list:
Is the dog (check all that apply): ☐ housetrained ☐ puppy pad/paper trained ☐ crate trained
\square well-behaved \square destructive \square friendly \square fearful \square escape artist \square strong on leash
\square vocal \square food possessive \square toy possessive \square overprotective/territorial \square leash reactive
\square gentle \square jumpy \square mouthy \square low energy \square medium energy \square high energy
Does the dog have separation anxiety when left alone? ☐ yes ☐ no If yes, explain:
Is the dog afraid of (check all that apply): □ thunderstorms □ loud noises □ restraint
□ vacuums □ car rides □ nail trims □ other:
What commands does the dog know (check all that apply)? ☐ sit ☐ stay ☐ down ☐ come ☐ heel
☐ shake/paw ☐ no commands ☐ other:
Did the dog attended any training classes? ☐ yes ☐ no Where/When?
What are the dog's best qualities?
What are the dog's most challenging qualities?
Did the dog ever injure a person? ☐ yes ☐ no If yes, describe injury:
Describe circumstances that led to injury:
Did the dog ever injure another animal? ☐ yes ☐ no If yes, describe injury:
Describe circumstances that led to injury:
Did the dog ever growl, lunge, snap, or nip WITHOUT causing injury? ☐ yes ☐ no If yes, explain:
List any additional behavioral issues:
List any additional behavioral issues:
List any additional behavioral issues:
Did the dog bite and break the skin of a person within the past 10 days? yes no Date:
Did the dog bite and break the skin of a person within the past 10 days? ☐ yes ☐ no Date: