



PET PERSONALITY PROFILE

FOR: _____
(Dog's Name)

GENERAL INFORMATION:

Age or DOB: _____ Breed(s): _____ Gender: _____ Male _____ Female

Is this dog spayed or neutered? _____ Yes _____ No If yes, at what age?: _____

How long has this pet been in your care?: _____

Where did you get this pet?: _____

If you obtained your pet from the previous owner, why did they rehome the dog?: _____

Has this dog ever bitten anyone?: _____ Yes _____ No

If yes, how long ago?: _____

Please describe the circumstance: _____

Did this bite break the skin?: _____ Yes _____ No Details: _____

Was this bite reported to animal control?: _____ Yes _____ No Details: _____

Has this dog ever attacked another animal?: _____ Yes _____ No Details: _____

HEALTH INFORMATION:

Has this dog ever been to a Veterinarian?: _____ Yes _____ No

How does this dog react at the Veterinarian's office?: _____

Is this dog on any medication or special diet?: _____ Yes _____ No Details: _____

Does this dog have any current or past medical conditions?: _____ Yes _____ No Details: _____

Has this dog ever received a Rabies vaccine?: _____ Yes _____ No Date: _____

Does this dog have any allergies, including food, fleas, or a history of allergic reactions to vaccinations?

_____ Yes _____ No Details: _____

HEALTH INFORMATION continued:

What type of food does this dog eat?: _____ Dry _____ Wet _____ Mix _____ Raw _____ Treats

Brand(s): _____ Amount: _____ Times per day: _____

HOUSEHOLD INFORMATION & SOCIAL BEHAVIOR:

Who has this dog lived with and how did the dog interact with everyone?: _____

What animals currently live with this dog and how does the dog interact with each one?: _____

How would you describe this dog's personality?: _____

How does this dog *typically* respond to meeting adults, other than their family?: _____

How does this dog *typically* respond to meeting children, other than their family?: _____

Does this dog interact regularly with any groups of people, outside of those who live in the home?: _____

How active is this dog?: _____ How vocal is this dog?: _____

Does this pet become frightened by anything (i.e. fireworks, thunder, etc.)?: _____

How does this dog behave in the car?: _____

ROUTINE:

Does this pet live _____ Indoors _____ Outdoors

Where does this dog spend most of their time?: _____

Where does this dog stay when alone and why?: _____

Where does this dog sleep at night?: _____

Is this pet house trained? _____ Yes _____ No Crate Trained?: _____ Yes _____ No

Does this dog have accidents in the house?: _____ Yes _____ No How often?: _____

ROUTINE continued:

When left alone, does this dog display any of the following behaviors?: Destroys household items
 Destroys furniture/home Urinates/defecates Barks for long periods of time
 Breaks out of crates/yard None of these Other: _____

What are this dog's favorite games and toys?: _____

Please describe how this dog plays and check any that apply: _____

_____ Jumps _____ Growls/Vocalizes _____ Barks _____ Mouths Lightly _____ Mouths Hard _____ None

Other: _____

TRAINING:

What commands does this dog know?: _____

Has this dog attended any obedience training classes?: Yes No Details: _____

Has this dog attended a boarding or daycare facility?: Boarding Daycare

Details: _____

When off leash, does this dog return when called?: Yes No Sometimes Not allowed off leash

NOTES:

Does this dog have any characteristics or habits that we should know about (i.e. stealing food, resource guarding, raiding the trash, etc.)?: _____

What is the most important thing to know about this dog?: _____

Additional information about this dog: _____