



Date: _____

DOG PERSONALITY PROFILE

Animal Number: _____

DESCRIPTION

Dog's name: _____ Gender: M / F Age: _____ Breed: _____

Spayed or neutered? Yes No Don't know How long have you had the dog? _____

Where did you get the dog? _____ How many owners has the dog had? (include yourself) _____

What is the dog's role in your family?(i.e. hiking buddy, guard dog) _____

Why are you surrendering the dog? _____

What steps did you take to resolve this issue? _____

What would need to happen for you to keep the dog? _____

Does the dog have any medical issues? Yes No Don't know If yes, please describe: _____

Has the dog been seen by a veterinarian for this issue? Yes No

Which veterinarian does the dog see? _____

GENERAL BEHAVIOR

Describe the personality of the dog: Active Shy Friendly Independent Dependent Dominant
Submissive Aggressive Talkative Affectionate Playful Confident Protective Fearful Easygoing
Energetic Rough player Quiet Gentle Noisy Aloof

Is the dog housebroken? Yes No Paper trained If yes, how many hours can the dog go without an accident during the day? _____ Can the dog go without an accident overnight? Yes No

If housebroken, how does the dog "ask to go out"? _____

Does the dog mark/urinate in the house? Yes No Is the dog crate trained? Yes No Don't know

Is the dog afraid of anything? Yes No If yes, specify: Men Women Children Strangers Loud Noises

Other, please specify: _____

How does the dog respond to visitors/knocking? Excited Barks Growls Other: _____

Does the dog bark excessively? Yes No If yes, why? When left alone At visitors Noises outside the door

Other: _____

Has the dog ever shown aggression to people? Yes No If yes, when? Taking away food/toys Grooming

When correcting behavior When woken up When approached by strangers People entering the home

Other: _____

Has the dog ever nipped or snapped at a person and **NOT** broken skin? Yes No If yes, does it happen often? Y / N

Please explain the circumstances: _____

Has the dog ever bitten anyone and **BROKEN** skin? Yes No If yes, when did the bite(s) occur? _____

How many times has the dog bitten? _____ Please explain the circumstances of the bite: _____

Does the dog have a favorite place to be scratched/pet? Where? _____

(Dog profile continues on back)

Is there any place the dog does **NOT** like being touched? (i.e. belly, tail, ears) _____

How does the dog respond to being bathed? Likes Tolerates Dislikes Growls Tries to bite

How does the dog respond to having toenails trimmed? Likes Tolerates Dislikes Growls Tries to bite

How does the dog respond to riding in the car? Likes Tolerates Dislikes Carsick Anxious

How was the dog confined in the car? Loose inside vehicle Loose in truck bed In a crate

Other : _____

If the dog is in your lap, how does it respond to someone approaching you? _____

Does the dog get nervous or anxious when left alone or when its favorite person leaves? Yes No

Is the dog comfortable climbing stairs? Yes No

Have you relocated/moved with the dog? Yes No If yes, how many times? _____

How did the dog adjust to the change of environment? _____

How does your dog ask for attention? (i.e. barks, jumps up) _____

BEHAVIOR WITH OTHERS

Has the dog lived with children? Yes No If yes, please circle: Currently In the past

What ages are/were the children? _____

Did the children play with the dog? Yes No If yes, what did they play? Fetch Tug of war Wrestling

Keep-away Other _____

How does the dog respond to children? Likes Plays with Tolerates Growls Snaps Bites

Other: _____

Does the dog mount other dogs, people, or objects? Yes No If yes, please specify: _____

Has the dog lived with other dogs? Yes No If yes, specify the following:

Male Female Age: _____ Breed: _____ Spayed or neutered? Yes No

Male Female Age: _____ Breed: _____ Spayed or neutered? Yes No

Male Female Age: _____ Breed: _____ Spayed or neutered? Yes No

How did the dog respond to living with other dogs? Likes Plays with Tolerates Fights with

Other: _____

If the dogs fought, what did they fight over? Attention from owner Food Toys Unknown

Other, please explain: _____

Has the dog lived with cats? Yes No If yes, how did the dog respond to the cat? Lived inside together

Slept together Played with Scared of Fought with Did the dog chase the cat(s)? Yes No

Has the dog ever injured or killed another animal? (i.e. small dog, cat, rabbit, chicken) Yes No

If yes, please explain: _____

Has the dog lived with any animals other than dogs or cats? Yes No If yes, specify: _____

Does the dog chase: Cars Livestock Small animals Bicycles Other _____

How does the dog respond to an encounter with another dog **on leash**? _____

How does the dog respond to an encounter with another dog **off leash**? _____

Has the dog been to a dog park? Yes No If yes, how does the dog respond? Plays with other dogs

Ignores other dogs Fights with other dogs Other: _____

When the dog is off leash, does he come when called? Yes No Sometimes

What do you use to walk your dog? Nylon/leather collar Harness Head halter Pinch/prong collar

Choke/Check Chain Other: _____

(Dog profile continues on page 2)

TRAINING

How many hours per day is the dog left alone? _____

Where is the dog when you are at home? Inside Outside Crated With you Other: _____

If indoor, does the dog have access to a dog door? Yes No

Where is the dog kept when you are at work/gone? Inside Outside Crated With you

Other, please explain: _____

Where does the dog sleep at night? Inside Outside Crated With you Other: _____

Is the dog allowed on: Bed Couch Chair Other _____

Is there anywhere in the house the dog is **NOT** allowed? _____

Do you trust the dog alone/unattended inside? Yes No If no, why not? (i.e. gets into garbage, chews furniture) _____

Do you trust the dog alone/unattended outside? Yes No If no, why not? (i.e. escapes yard, barks excessively) _____

Is the yard fully fenced? Yes No How tall is the fence? _____ Does the dog dig? Yes No

When outside, the dog is: On leash with a human Loose in yard Electric fence/collar Tied/cable run

Other: _____

How did you exercise the dog? Walk Run Swim Fetch Other _____

How often did you exercise the dog? _____

Has the dog had any **FORMAL** obedience training (not done at home)? Yes No If yes, how long ago? _____

Where, or who, did the training? _____

What commands or tricks does the dog know? _____

How did you try to stop unwanted behavior? _____

If your dog growls at someone/something how do you respond? _____

If your dog snaps at or bites someone/something how do you respond? _____

MISCELLANEOUS

Have there been any recent changes in the dog's life? New baby New dog/cat Moved New Housemate

Death of family/owner Other: _____

Has your dog ever received vaccinations? Yes No If yes, are they current? Yes No (vaccines often expire yearly) I don't know If yes, please provide records or veterinarian contact information.

Has the dog received flea treatment in the last 30 days? Yes No Don't know

What do you like most about the dog? _____

What do you think the dog needs to work on? _____

What brand of food did you feed the dog? (i.e. Purina, IAMS, Store brand, etc.) _____

Is the dog on a special diet? Yes No If yes, specify: _____

Is the dog on any medications? Yes No If yes, specify: _____

Additional comments or information: _____
