

Dog Personality Profile

Every dog is unique, and we want to make sure we know as much as possible about your pet. Please complete this form to help us match your pet with the perfect forever home.

1.	What is your dog's name?
2.	How old is your dog? Breed(s):
3.	How old was your dog when you acquired them?
4.	Male/Female: Spay/Neutered:YesNo Not sure
	Date of spay/neuter: Where was the spay/neuter performed?
	Any other surgeries?
5.	Microchipped? Yes No Not sure
6.	How long has this dog been in your care?
	Where did you get this dog?
	Has this dog ever previously been with an animal shelter or rescue? Please specify:
	If this dog had a previous owner, do you know why the previous owner gave them away?
7.	Why are you surrendering this dog to the shelter: (check all that apply)
Beha	avioral problems Time commitment Family issues Health issues (owners or dogs) Other

Ī	Please describe in detail with your own words why are you surrendering this dog?
-	
	I provide you with a solution for the issue that is causing you to surrender your dog, would you consider our dog? Yes No
9. Check all t	that apply to describe your dogs personality:
I	Friendly Shy Independent Fearful Playful Affectionate Aloof Aggressive
	Overly Reactive Nervous Hyper Calm
I	Please describe in detail with your own words your dogs personality:
-	
ŀ	How would you describe your dogs activity level? (Check one)
I	Low(couch potato) Moderate(likes walks) High(marathon runner)
10. All dogs ar	re afraid of something. What is your dog afraid of?
I	Please describe your dogs reaction:
•	ave sensitive places. Where is your dog sensitive about being handled? (example: ears, feet,
Des	cribe your dogs reaction:
12. Who has t	his dog lived with and how did he/she interact with everyone?

13. Has this	dog lived w	ith children	? Yes	No	If yes, w	vhat ages?	· · · · · · · · · · · · · · · · · · ·
	How woul	d you desci	ribe you do	g's behavio	or towards	children? (Check a	all that apply)
	Friendly	Tolerant	Nervous	Scared	Excited	Jumps on them	Rough Play
	•	_				_	growling, showing teeth, or stail as you can about each
14. If your do	og hasn't liv	ved with chil	dren, how	often do the	ey interact	with them?	
15. What doe	es your dog	g do when:					
	A child is	crying/screa	aming?				
	A child rur	ns towards	them?				
	A child trie	es to hug th	em?				
	A child tou	uches/pets t	them?				
	They see	a child on a	bike?				
	They see	a child runr	ning?				
	You pick ι	up a child?_					····

communication.	
	nas your dog: snarled (showed teeth), growled, snapped, nipped, or bitten and one else(please explain in detail the situation and how often it occurs)
16. What does your dog do when:	
	or?
A visitor comes in the house	?
A visitor tries to pet them?_	
	ouse/yard?
	on a walk?
	em while on a walk?o get off furniture?
	them a hug?
You or someone else reprim	nands them?
Your or someone else takes	away a toy or bone?
	near his food bowl when eating?
17. What other animals has your dog lived Any issues with the other pe	d with and how many? Dogs Cats Other
Ally issues with the Utilet Pe	/G III UIC HOUSE:

16. Dogs use behavior to let people know when they are uncomfortable. These warning behaviors are normal dog

18.	Do they get along with other dogs outside the home? Yes No
	Any Issues?
19.	Do you take your dog to dog parks? Yes No
20.	Do you take your dog to doggie day care? Yes No
21.	Do you take your dog to boarding kennels? Yes No
	If yes, how does the dog while at the kennel?
22.	Has your dog ever fought with another dog? Yes No
	If yes, describe incident:
23.	Has your dog ever injured another dog? Yes No
	If yes, describe incident and injury:
24.	How does your dog react when they see an outdoor cat?
25.	How does your dog react when they see a small animal like a squirrel or rabbit?
26.	Has your dog ever killed a prey animal(rabbit, squirrel, etc) or livestock? Yes No
	How many times?
27.	Where does your dog spend most if its time: (Check one) Inside Outside
	Where does your dog sleep?
	When outdoors, are they confined by: Fence Invisible fence Chain/tie-out
	How long is your dog out in your yard each day?
28.	How long is your dog left alone inside your home each day?
29.	Is your dog create trained? Yes No Do you still use the crate? Yes No

	How many nours a day is your dog in the crate?
30.	Is the dog comfortable being alone when you are away? Yes No Destructive? Yes No
31.	Is this dog housebroken? Yes No Paper/pad trained? Yes No
	If they have accidents, how often? Daily Weekly Rarely
	How does your dog tell you that he/she needs to go outside?
32.	Is your dog leash trained? Yes No
	How does your dog do when walking on leash? Great Pulls Other
33.	Do you take your dog for a leash walks?
	Yes How often? No Why Not?
	What kind of collar do you use? Please check all that apply:
	Buckle collar Harness Head Halter Prong Collar Shock Collar
34.	How does your dog react when they see another dog while on a walk?
35.	How do you exercise your dog? How often?
36.	Have you taken your dog to training classes? Yes No If yes, where?
	What kind of training have you used? (Check all that apply)
	Treats Clicker Praise E-collar Prong collar
	What kind of positive reinforcement do you use?
	What does your dog know? (Check all that apply)

37.	What behavior does your dog need improvement on? (Check all that apply)
	Jumping Digging Barking Whining Begging Chewing Counter Surfing Other
38.	What is your dog's favorite toy or game?
39.	Does your dog like to ride in the car? Yes No If no, are they afraid or get car sick
40.	Do you take your dog to public events? Yes No
	Please describe your dog's behavior in places with busy human traffic or lots of noise:
41.	What does your dog eat? How often? 1x/day 2x/day Free feed
42.	Does your dog have food aggression? Yes No If yes, towards people other animals
	Please describe in detail the reaction?
43.	What is your dogs favorite treat?
44.	Does your dog have any know medical issues?
45.	Does your dog have any current injuries?
	Does your dog have allergies?
	Is your dog on any medication? If so, which drug and what for?
48.	Does your dog have any current injuries?
	What is the name of your Vet's office?

Sit Stay Down Come Shake Roll Over Other_____

50. Does your dog need to be muzzled at the vet? Yes No Not sure
51. Is your dog up to date on vaccinations? Yes No
52. Has your dog ever had a vaccine reaction? Yes No If yes, to what vaccine?
53. Is your dog current on heartworm prevention? Yes No Date given?
54. Is your dog current on flea prevention? Yes No Date given?
55. Please check any of the following that this dog has been diagnosed or treated for:
Heartworm Disease Arthritis Cancer Epilepsy/Seizures Tumors Separation anxiety
Chronic ear infection Skin allergies Chronic eye infection Thyroid disease Upper Respiratory Infection
Dental Disease Cushing's Disease Addison's Disease Diabetes Parvovirus Hip Dysplasia
Diarrhea Heart murmur/Heart Disease Foreign Body Pancreatitis
Other:
Any additional Comments: