



Dog Personality Profile

Intake #

Date:

General Information

1. Dog's name: _____ Age: _____ Sex: Male Female
 Breed/mix: _____ Spayed/Neutered: Yes No Not sure
2. How long has this dog lived with you? _____
3. Has this dog had any previous homes? Yes No If yes, how many: _____
4. Where did you get this dog? _____
5. Why are you giving up this dog? _____
6. Is dog current on vaccinations? Yes No Not sure
7. Does your dog have any special problems/medical conditions? Yes No
 If yes, please describe: _____
 If yes, may we call contact his/her vet? (Please list Vet Clinic) _____

Lifestyle

8. Is this dog completely house trained? Yes No
 If no, circle all that apply: Has occasional accidents Only if left alone Always kept outside
 If yes, how does the dog signal to go out? _____
9. Where was this dog kept during the day? _____
 Night? _____
 When no one was home? _____
10. How many hours is this dog typically left alone per day? _____
11. Does this dog have a history of destructive habits? Yes No
 If yes, what was destroyed? _____
 When and how often did it occur? _____
 Frequently Occasionally Whenever the dog was left alone
 What have you done to try to correct this behavior? _____
12. Does this dog have a history of escaping? Yes No
 If yes, did he/she: (circle all that apply)
 Jump fence (height _____) Climb
 Open gate Dig
 Run through door All of the above
 What have you done to try to correct this behavior? _____
13. How much exercise is this dog accustom to? _____
14. Is this dog used to car rides? Frequently Sometimes Never Long rides Short rides
15. Is the dog used to being kenneled? Yes No Night only Day only
16. Has this dog ever attended obedience classes? Yes No
 Doggy daycare? Yes No
 The dog park? Yes No



Personality

17. How would you describe this dog most of the time? (circle all that apply)

Very active Couch potato Friendly Playful Rambunctious Vocal/Bark/Howl Tolerant
A one person pet Friendly to visitors Shy to visitors Affectionate Shy Fearful
Too much for small children Play bites Chews things Chases small animals
Aggressive: (Describe behavior) _____



18. What are some things you truly love about this dog/greatest traits?

19. What toys or activities does this dog enjoy? _____

20. What does this dog do when you take away a favorite toy? Rawhide? Food?

21. Is this dog used to living with other animals? Yes No

If yes, what type and gender? _____

How did they play/interact with each other? _____

22. Does the dog have any fears or phobias? _____

23. Has this pet been around children? Yes No

If yes, please list ages of children the dog has lived with: _____

24. How does the dog act with children? (circle all that apply below)

Friendly Nervous Jumps on Avoids Mouths Play appropriately

Plays rough (describe): _____

Growls (describe circumstances): _____

Snaps (describe circumstances): _____

Has bitten (describe circumstances): _____

25. Has this dog ever done the following to an adult? (circle all that apply)

Growled Snapped Bitten

If yes, to whom? (circle all that apply)

Adults in the home Adults outside of home Pedestrians Runners Cyclists

Veterinarian Groomer Person in uniform Stranger at door Other animals

If yes, what were the circumstances? _____

Was this an ongoing problem? _____

What have you done to try to correct this behavior? _____



26. (Optional) Leave your name and number for the new owner to contact you:

Did you complete both sides of this form?