



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.

**** Please note: An admissions appointment does not guarantee that your pet will be accepted for the adoption program.****

We cannot accept:

- **Stray animals:** Owners who have lost their pets need a central location to find them, and that is their local animal control/shelter (ex: Greenville County Animal Care Services). Under state law, stray animals must be held for a minimum of 5 days in order to provide owners adequate time to locate their lost pets.
- Animals with known **aggression problems** or an animal that has bitten someone within the last 10 days.
- Animals with known **contagious or fatal diseases**
- **Pitbull Terriers**
- Animals with **behavioral problems** that would prevent them from being adopted.

BASIC INFORMATION:

1. Dog's Name: _____ 2. Age or DOB: _____
 3. Breed(s): _____ 4. Sex: Male Female
 5. Is this dog spayed or neutered? Yes No 6. Microchip Number?: _____
 7. How long has this pet been in your care? _____
 8. Where did you get this dog? _____
 9. If you got this dog from a previous owner, why did they give the dog away? _____
 10. Has this dog been previously adopted from an animal welfare organization? _____
 11. Has this dog ever bitten anyone? Yes No If yes, how long ago? _____
- Please explain: _____
12. Has this dog ever attacked another animal? Yes No Details: _____
 13. Why are you surrendering this dog? _____

HEALTH CARE:

1. Has this dog ever been to a veterinarian? Yes No Clinic Name: _____
Vet Name: _____ Phone/Town: _____
2. How does this dog react at the vet?: _____

3. Has this dog ever received a rabies vaccine? Yes No When? _____

4. Has this dog received other vaccines and when (ex: distemper/parvo, bordetella)? _____

5. Is this pet on any medication? Yes No Details: _____

6. Please list any heartworm prevention or flea control that your dog is on and date last administered: _____

7. Please circle any of the following that this dog has been diagnosed or treated for: Heartworm disease, arthritis, cancer, epilepsy or seizures, tumors, separation anxiety, vaccine reactions, chronic ear infections, skin allergies, chronic eye infections, thyroid disease

HOUSEHOLD INFORMATION AND SOCIAL BEHAVIOR:

1. Who has this pet lived with and how did he/she interact with everyone? _____

2. What animals live/have lived with this dog and how did he/she interact with each one? _____

3. How would you describe this dog's personality? _____

4. How does this dog *typically* respond when meeting adults other than family? _____

5. How does this dog *typically* respond when meeting children other than family? _____

6. How does your dog interact with cats? Enjoy their company Tolerate/ignore Chase/fight

ROUTINE/TRAINING:

1. Does this dog live indoors or outdoors? _____

If outdoors, he/she is confined by: Fence Invisible fence Chain/tie-out Other _____

2. Where does this dog spend most of its time? _____

3. Is the dog comfortable being alone when you are away? Yes No Destructive? Yes No

4. Is this dog housebroken? Yes No Crate trained? Yes No Paper trained? Yes No

5. Does this pet have accidents in the house? Yes No If yes, how often? Daily Weekly Rarely

6. How does your dog tell you that he/she needs to go potty? _____

7. What type of food does this dog eat? _____

8. How would you rate this dog's energy level? Very low Low Medium High Very high

9. How would you rate this dog's temperament? Friendly Calm Gentle Timid Scared Nervous Hyper

10. Please circle any of the following that this dog is scared of: Men, Women, Children, Strangers, Nail trimming, Fireworks, Thunderstorms, Vet, Loud Noises, Groomer, Bathing, Car Rides, Vacuum cleaner, Other animals, Brushing, Crates/Cages

11. Does your dog know any tricks or commands? _____

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

11. Please circle any of the following that this dog enjoys: Car rides, Playing in water, Dog parks, Playing fetch, Playing tug of war, Rough-housing, Playing chase, Quiet companionship, Relaxing on the couch, Getting a bath, Being brushed, Going for walks

12. What are this dog's best qualities (cute or nice things)? _____

13. What would you most like a new owner to know about this dog? _____

STAFF USE ONLY:

Completed behavioral evaluation

Completed medical evaluation

Obtained vet/vaccine records (if available)

Accepted for adoption: ___ Yes ___ No ___ Waiting list

Overall comments: _____
