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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. Male/Female: \_\_\_\_\_\_\_ Spay/Neutered: \_\_ Yes \_\_ No \_\_ Not sure

4. Microchipped? \_\_ Yes \_\_ No \_\_ Not sure

5. 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 welfare agency? Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this dog had a previous owner, do you know why the previous owner gave them away?

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6. Why are you surrendering this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Has this dog ever bitten anyone? \_\_Yes \_\_ No

If yes, how long ago was the bite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, did the bite break skin? \_\_ Yes \_\_ No

Please explain circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Has this dog ever attacked another animal? \_\_ Yes \_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Who has this dog lived with and how did he/she interact with everyone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. What animals live/have lived with this dog and how did he/she interact with them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. How does this dog *typically* respond when meeting people other than family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12. How does this dog *typically* respond when meeting animals other than family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. How would you describe this dog's personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14 Where does this dog spend most of its time? \_\_ Indoors \_\_ Outdoors \_\_ Both

When outdoors, he/she is confined by: \_\_ Fence \_\_ Invisible fence \_\_ Chain/tie-out

15. Is the dog comfortable being alone when you are away? \_\_ Yes \_\_ No Destructive? \_\_ Yes \_\_ No

16. Is this dog housebroken? \_\_ Yes \_\_ No Crate trained? \_\_ Yes \_\_ No Paper 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. What type of food does this dog eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

19. Check any that would describe this dog's temperament:

\_\_ Friendly \_\_ Calm \_\_ Gentle \_\_ Timid \_\_ Scared \_\_ Nervous \_\_ Hyper

20. Please check any of the following that this dog is scared of:

\_\_ Men \_\_ Women \_\_ Children \_\_ Strangers \_\_ Nail trimming \_\_ Fireworks \_\_ Thunderstorms

\_\_ Vet visits \_\_ Loud Noises \_\_ Groomer visits \_\_ Bathing \_\_ Brushing \_\_ Car Rides \_\_ Vacuum

\_\_ Other animals \_\_ Crates/Cages Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Please circle any of the following that this dog enjoys:

\_\_ Car rides \_\_ Playing in water \_\_ Dog parks \_\_ Playing Fetch \_\_ Playing Tug

\_\_Rough-housing \_\_ Playing chase \_\_ Relaxing on the couch \_\_ Bathing \_\_ Brushing

\_\_ Going for walks Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Does your dog know any tricks or commands? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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23. Has this dog attended any obedience classes? \_\_ Yes \_\_ No

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. When was this dog last seen by a veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Clinic’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are we able to retrieve this dog’s records? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Has this dog ever received a rabies vaccine? \_\_ Yes \_\_ No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Is this pet on any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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27. Please circle any of the following that this dog has been diagnosed or treated for:

\_\_ Heartworm disease \_\_ Arthritis \_\_ Cancer \_\_ Epilepsy/Seizures \_\_ Tumors

\_\_ Separation anxiety \_\_ Vaccine reactions \_\_ Chronic ear infection \_\_ Skin allergies

\_\_ Chronic eye infection \_\_ Thyroid disease Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any additional Comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Use Only**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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