



Incoming Dog Profile

Revised 3/23/2016

Dog and Household Information

1. Dog's name _____ 2. Sex Male Female 3. Age years _____ months _____

4. Breed _____ 5. How long have you had this dog? years _____ months _____

6. Is the dog spayed or neutered?

Yes No

7. Your relationship to dog?

Owner Friend/caretaker Foster owner Other _____

8. Where did you get this dog?

This shelter Friend/relative Newspaper/website Found/stray Breeder Pet Store

Other shelter/rescue (Please write name) _____

Other (Please describe) _____

9. Why are you giving up this dog? _____

10. Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

11. What other animals did your dog live with?

No other animals in household Dogs Cats Other (Please describe) _____

Typical Behavior

(Your dog's *usual* behavior)

12. How does your dog usually behave toward the following? Please check the boxes.

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							

 13. Does your dog usually uncontrollably chase or attempt to chase any of the following? Please check all that apply.

- Joggers Bicycles Skateboarders/roller bladers Cars/motorcycles
 Outdoor cats Squirrels or other small animals Birds Doesn't chase
 Other (Please describe) _____

14. How does your dog usually react when you or another family member does the following? Please check the boxes.

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

15. How does your dog usually react when an unfamiliar person approaches or enters the yard or house?

- Friendly Afraid Barks Shows teeth/growls Snaps Bites None of these

16. Do you take your dog out to go to the bathroom?

- Yes (Please specify how many times per day) _____ No/paper trained

17. Does your dog usually have "accidents" in the house?

- Yes (Please specify how many times per day) _____ No

18. Where does your dog spend most of his/her time?

- Inside the house, runs free Inside the house, in cage Outside the house, runs free in the neighborhood
 Outside the house, in cage Outside the house, tied Outside the house, runs free in the yard
 Other (Please describe) _____

19. How long is your dog left alone per day, without people?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

20. When your dog is left alone, is he/she...

- Outdoors Free in home Confined to a room In a cage Other (Please describe) _____

 21. When left alone, does your dog usually show any of the following behaviors? Please check all that apply.

- Destroy household items Urinate/defecate Bark Cry None of these

22. If your dog destroys household items when they are left alone, what does your dog typically destroy?

- Shoes, trash, toys, clothing Window frames, door frames, blinds, carpet near exit/entrance points
 Other items, (please describe) _____

23. When you are home, does your dog usually show any of the following behaviors? Please check all that apply.

- Destroy household items Urinate/defecate Bark Cry None of these

24. When your dog plays, does he/she typically... Please check all that apply.

- Jumps Growls Barks Bites lightly Bites hard None of these

25. What toys does your dog like?

- Balls Frisbee Plush Squeaky Tug toy None Other (Please describe) _____

26. What games does your dog like?

- Fetch Tug Chase Wrestling None Other (Please describe) _____

27. Is your dog scared of anything?

- Yes (Please describe) _____
 No

28. Please tell us your dog's "bad habits" _____

29. Is your dog allowed on furniture? Yes No

30. Where does your dog usually sleep overnight?

- Cage Floor Dog bed Couch Owner's bed Other (Please describe) _____

31. What commands does your dog know?

- No commands known Sit Stay Down Come Heel Give paw/shake
 Other (Please describe) _____

32. Has your dog attended any obedience training classes? Yes No

33. How do you exercise your dog?

- Backyard (Free Roam/Fenced Yard/Tie-Out [circle answer]) Walks/Hikes Dog Park Dog Sports
 Day Care Never Other (Please describe) _____

34. How often do you exercise your dog?

- Daily Few times a week Never Other (Please describe) _____

35. Does your dog have problems riding in the car?

- Yes (Please describe) _____
 No Don't know

 36. Has your dog escaped your property 2 or more times in the last 6 months?

Yes (Please describe) _____

No

Aggressive Behavior

(Behavior that has **ever** happened)

 37. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or bite requiring hospitalization)?

Yes No Don't know

 38. Has your dog ever attacked another dog resulting in severe injury or death to the other dog?

Yes No Don't know

 39. Has your dog ever attacked another domesticated animal species (cat or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to the other domesticated animal?

Yes No Don't know

 40. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors toward men, women, children, dogs, or another domesticated animal species (cats or livestock, not "small pets" like hamsters, guinea pigs, etc.) Do not include aggressive behaviors directed toward a veterinarian or groomer.

	Show teeth/growl	Snap	Bite	None of these	Don't know
Men					
Women					
Children					
Dogs					
Other domesticated animal species (cat, livestock, etc.)					

 41. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain? Yes No

 42. If a snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain? Yes No

 43. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

 44. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. *If does not apply, skip the table.*

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward the dog?						

Medical History

45. Name of veterinary clinic your dog has been to: _____

46. Person's first and last name on the account at the vet's office: _____

47. When was the last time your dog was seen by a vet? _____

48. Please list any type of flea prevention your dog has received _____

49. Date last flea prevention was given _____

50. Please list the most recent brand of heartworm prevention given to your dog _____

51. Date last heartworm prevention given _____

52. Is your dog microchipped? No Yes (Please list name of company) _____

 53. Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/growl	Snap	Bite	None of these
Examine (including heart and ears)					
Restrain					
Administer shots					
Trim nails					
Take blood					

54. Does your dog have to be muzzled at the veterinarian? Yes No

55. Does your dog have any past or present medical conditions?

Yes (Please describe) _____

No

56. Is your dog currently on any medication or special diet?

Yes (Please describe) _____

No

57. What type of food does your dog eat? Please check all that apply.

Dry (Please list brand) _____ Wet/canned (Please list brand) _____ Table scraps

Please feel free to tell us any additional helpful comments.
