



DOGGIE DEPOT PERSONALITY PROFILE

Directions: Please save a copy of this form to your computer by selecting "File/Save As" before entering text and numbers. Then fill in your information electronically and select "Save." Note that this form requires the current Adobe Reader® version to function properly. Download the most recent version of Adobe Reader® at <https://get.adobe.com/reader/>.

Complete a profile for each dog to be enrolled at Doggie Depot. There are no right or wrong answers as all dogs are unique.

OWNER NAME (S)

DATE

PROFILED DOG INFORMATION

DOG'S NAME

BREED

SEX

COLOR

WEIGHT

AGE

DOG'S BIRTH DATE

HOW OLD WAS YOUR DOG WHEN YOU GOT HIM/HER?

HOW LONG HAVE YOU OWNED YOUR DOG? (Years & Months)

Where did you get your dog?

Animal Rescue Group

Animal Shelter

Breeder

Found as Stray

Friend

Newspaper Ad

Pet Store

Other:

GENERAL HOUSEHOLD INFORMATION

OTHER DOGS & CATS IN HOUSEHOLD

SPAYED OR NEUTERED

1 DOG / CAT / BREED

AGE

SEX

SPAYED OR NEUTERED

2 DOG / CAT / BREED

AGE

SEX

HEALTH / GROOMING

1 How does your dog react to having his/her nails clipped? _____

2 Does your dog like to be brushed? Yes No What have you tried to make it more enjoyable? _____

3 Does your dog have any sensitive areas on his/her body? Yes No If yes, where? _____

4 Does your dog have any allergies? Yes No If yes, please explain: _____

5 Does your dog have any physical disabilities? Yes No If yes, please explain: _____

6 What restrictions need to be placed on your dog's activities or movements?

No Jumping

No Running

No Hard Play

Other (Please Explain):

BEHAVIOR

RELATIONS WITH PEOPLE AND OTHER ANIMALS

1 Indicate from the following the level of dog socialization that best describes your dog's routine:

- None – No knowledge of other dog interaction
- Minimal – On lead encounters only
- Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etc.

2 How does your dog react to another dog approaching it in a park or on a walk?

On Leash: _____

Off Leash: _____

3 Has your dog ever shared his/her food or toys with other animals? Yes No

If yes, how does your dog react to another dog approaching his/her food or toys?: _____

4 Has your dog ever bitten someone? Yes No If yes, what were the circumstances and how did you respond?:

GENERAL BEHAVIOR

1 Is your dog frightened by any noises (Vacuum, Thunder)? Yes No If yes, what noises?: _____

2 Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? Yes No

If yes, what were the circumstances and how did you respond?: _____

3 Please check anything that applies to your dog:

- | | | | |
|---|----------------------------------|---|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Bites | <input type="checkbox"/> Destructive | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> Excessive Energy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Growls | <input type="checkbox"/> Guards Food |
| <input type="checkbox"/> Mouthy | <input type="checkbox"/> Noisy | <input type="checkbox"/> Not Good with Dogs | <input type="checkbox"/> Not Good with People |
| <input type="checkbox"/> Pushy | <input type="checkbox"/> Shy | <input type="checkbox"/> Too Attached to Me | <input type="checkbox"/> Won't Listen to Me |

Other: _____

Briefly explain what you have checked above:

4 Other comments or information about your dog that you feel might be helpful:

SIGNATURE

OWNER NAME (Print)

DATE

SIGNATURE