



DAYCARE | BOARDING | TRAINING

DOGGIE DEPOT INC.
DOGGIE PERSONALITY PROFILE

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

OWNERS NAME(S) DATE

1. 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

2. GENERAL HOUSEHOLD INFORMATION

OTHER DOGS & CATS IN HOUSEHOLD

Table with 4 columns: DOG BREED, AGE, SEX, SPAYED OR NEUTERED. Rows 1-4.

3. 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 How frequently is your dog walked outside?
5 How long are your walks?

6 Indicate from the following the overall level of exercise that best describes your dog’s routine:

- Couch Potato Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
- Moderate Exerciser Long or multiple walks daily and/or regular playtime with human or dogs.
- Athlete Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.

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

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

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

- No jumping No running No hard play Other (Please explain):

4. 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 Does your dog like children? Yes No

3 How does your dog react to a stranger coming into your home or yard? _____

4 How does your dog react to another dog approaching it in a park, at the beach or on a walk?

a. On Leash: _____

b. Off Leash: _____

5 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? _____

6 Where does your dog sleep? Inside the house Outside the house Inside/Outside-varies

In which room in the house does your dog sleep? _____

Where in the room does your dog sleep? Crate Owner's bed Dog Cushion/Bed on floor Other _____

7 Has your dog ever jumped up on someone? Yes No If yes, what were the circumstances? _____

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

9 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? Yes No If yes, what noises? _____

2 Is your dog frightened of or nervous around anything else? Yes No If yes, please explain: _____

3 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? _____

4 Does your dog have any problems in any of the following areas?

Mouthiness: Yes No

Housetraining: Yes No

Barking: Yes No

Digging: Yes No

Ignoring commands: Yes No

If yes, please explain: _____

5 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:

COMMUNICATION/TRAINING

1 Which commands does your dog know? (please check all that apply)

Sit Stay Down Come Heel Rollover Kisses High Five

Other: _____

2 Does your dog know any tricks? Yes No If yes, please describe: _____

3 What kind of a collar do you use to walk your dog?

Buckle Nylon/Chain Sliding Ring Harness Head Collar Prong/Pinch Gentle Leader

4 Is it effective in keeping them under control? Yes No _____

5 Does your dog have a command to go to the bathroom? Yes No If yes, what is the command? _____

6 Does your dog have a command to be quiet? Yes No If yes, what is the command? _____

7 Does your dog respond to any commands on hand signal? Yes No If yes, what is the command? _____

8 Is your dog crate trained? Yes No

5. OTHER

1 Do you know of any reason that your dog might not like, or be able to use, agility equipment:

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

OWNER #1

NAME (PRINT) _____ SIGNATURE _____ DATE _____

OWNER #2

NAME (PRINT) _____ SIGNATURE _____ DATE _____