

# Dog Profile



**Dog's Name** \_\_\_\_\_ **Dog's Number** \_\_\_\_\_

Please complete the following information with your honest answers. This information can be extremely helpful in finding this cat a new home.

<b>1.</b> Are you the dog's original owner? YES NO																				
<b>2.</b> How long have you had the dog?																				
<b>3.</b> Where did you get the dog? (friend, breeder, pet store, newspaper, found)																				
<b>4A.</b> Does the dog have any health problems? YES NO	<b>4B.</b> If YES, please describe:	<b>4C.</b> Has the dog received any treatment(s)?																		
<b>5.</b> Where did you keep the dog during the day? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Crate</td> <td><input type="checkbox"/> Basement (unfinished)</td> <td><input type="checkbox"/> Basement (finished)</td> </tr> <tr> <td><input type="checkbox"/> Inside (free run/not confined)</td> <td><input type="checkbox"/> Outside (free run)</td> <td><input type="checkbox"/> Outside on a chain</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Runner</td> <td><input type="checkbox"/> Garage</td> </tr> <tr> <td><input type="checkbox"/> Confined to an area</td> <td><input type="checkbox"/> Confined to a room (which? _____)</td> <td><input type="checkbox"/> Shed</td> </tr> <tr> <td><input type="checkbox"/> Yard</td> <td><input type="checkbox"/> Dog house</td> <td><input type="checkbox"/> Outdoor Kennel</td> </tr> <tr> <td><input type="checkbox"/> Owner lets In/Out to fenced yard</td> <td colspan="2"><input type="checkbox"/> Dog door in/out at will to fenced yard</td> </tr> </table>			<input type="checkbox"/> Crate	<input type="checkbox"/> Basement (unfinished)	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Inside (free run/not confined)	<input type="checkbox"/> Outside (free run)	<input type="checkbox"/> Outside on a chain	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Runner	<input type="checkbox"/> Garage	<input type="checkbox"/> Confined to an area	<input type="checkbox"/> Confined to a room (which? _____)	<input type="checkbox"/> Shed	<input type="checkbox"/> Yard	<input type="checkbox"/> Dog house	<input type="checkbox"/> Outdoor Kennel	<input type="checkbox"/> Owner lets In/Out to fenced yard	<input type="checkbox"/> Dog door in/out at will to fenced yard	
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<b>6.</b> Where did you keep the dog when no one was home? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Crate</td> <td><input type="checkbox"/> Basement (unfinished)</td> <td><input type="checkbox"/> Basement (finished)</td> </tr> <tr> <td><input type="checkbox"/> Inside (free run/not confined)</td> <td><input type="checkbox"/> Outside (free run)</td> <td><input type="checkbox"/> Outside on a chain</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Runner</td> <td><input type="checkbox"/> Garage</td> </tr> <tr> <td><input type="checkbox"/> Confined to an area</td> <td><input type="checkbox"/> Confined to a room (which? _____)</td> <td><input type="checkbox"/> Shed</td> </tr> <tr> <td><input type="checkbox"/> Yard</td> <td><input type="checkbox"/> Dog house</td> <td><input type="checkbox"/> Outdoor Kennel</td> </tr> <tr> <td><input type="checkbox"/> Owner lets In/Out to fenced yard</td> <td colspan="2"><input type="checkbox"/> Dog door in/out at will to fenced yard</td> </tr> </table>			<input type="checkbox"/> Crate	<input type="checkbox"/> Basement (unfinished)	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Inside (free run/not confined)	<input type="checkbox"/> Outside (free run)	<input type="checkbox"/> Outside on a chain	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Runner	<input type="checkbox"/> Garage	<input type="checkbox"/> Confined to an area	<input type="checkbox"/> Confined to a room (which? _____)	<input type="checkbox"/> Shed	<input type="checkbox"/> Yard	<input type="checkbox"/> Dog house	<input type="checkbox"/> Outdoor Kennel	<input type="checkbox"/> Owner lets In/Out to fenced yard	<input type="checkbox"/> Dog door in/out at will to fenced yard	
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<b>7.</b> Where did you keep the dog during at night? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Crate</td> <td><input type="checkbox"/> Basement (unfinished)</td> <td><input type="checkbox"/> Basement (finished)</td> </tr> <tr> <td><input type="checkbox"/> Inside (free run/not confined)</td> <td><input type="checkbox"/> Outside (free run)</td> <td><input type="checkbox"/> Outside on a chain</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Runner</td> <td><input type="checkbox"/> Garage</td> </tr> <tr> <td><input type="checkbox"/> Confined to an area</td> <td><input type="checkbox"/> Confined to a room (which? _____)</td> <td><input type="checkbox"/> Shed</td> </tr> <tr> <td><input type="checkbox"/> Yard</td> <td><input type="checkbox"/> Dog house</td> <td><input type="checkbox"/> Outdoor Kennel</td> </tr> <tr> <td><input type="checkbox"/> Owner lets In/Out to fenced yard</td> <td colspan="2"><input type="checkbox"/> Dog door in/out at will to fenced yard</td> </tr> </table>			<input type="checkbox"/> Crate	<input type="checkbox"/> Basement (unfinished)	<input type="checkbox"/> Basement (finished)	<input type="checkbox"/> Inside (free run/not confined)	<input type="checkbox"/> Outside (free run)	<input type="checkbox"/> Outside on a chain	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Runner	<input type="checkbox"/> Garage	<input type="checkbox"/> Confined to an area	<input type="checkbox"/> Confined to a room (which? _____)	<input type="checkbox"/> Shed	<input type="checkbox"/> Yard	<input type="checkbox"/> Dog house	<input type="checkbox"/> Outdoor Kennel	<input type="checkbox"/> Owner lets In/Out to fenced yard	<input type="checkbox"/> Dog door in/out at will to fenced yard	
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<b>8A.</b> Are there children in your household? YES NO	<b>8B.</b> If YES, what ages?																			
<b>9.</b> How many hours per day is the dog used to being left alone? 1-3 4-6 8-10 11-13 14+																				
<b>10.</b> How many people are in/out of the home on a daily basis? 1 2-3 4-5 6-7 8-10																				
<b>11.</b> How would you describe the activity level of your household? <input type="checkbox"/> Active <input type="checkbox"/> Average <input type="checkbox"/> Quiet																				
<b>13.</b> How would you describe the dog's activity level? <input type="checkbox"/> Active <input type="checkbox"/> Average <input type="checkbox"/> Calm																				
<b>14.</b> How would you describe the dog's outdoor activity level? <input type="checkbox"/> Active <input type="checkbox"/> Average <input type="checkbox"/> Calm																				

<b>15A.</b> Is the dog afraid of any types of people? YES NO		<b>15B.</b> If YES, what types of people? <input type="checkbox"/> Children <input type="checkbox"/> Men <input type="checkbox"/> People in uniform <input type="checkbox"/> People in hats <input type="checkbox"/> Joggers <input type="checkbox"/> Bikers <input type="checkbox"/> Women <input type="checkbox"/> Skateboarders <input type="checkbox"/> Other _____	
<b>16.</b> How does the dog react to strangers? <input type="checkbox"/> Very social <input type="checkbox"/> Ignores them <input type="checkbox"/> Hides <input type="checkbox"/> Growls <input type="checkbox"/> Very protective <input type="checkbox"/> Aggressive would bite <input type="checkbox"/> Other _____			
<b>17.</b> What does the dog do when someone enters the home? <input type="checkbox"/> Very social <input type="checkbox"/> Ignores them <input type="checkbox"/> Very protective <input type="checkbox"/> Hides <input type="checkbox"/> Wags tail, happy <input type="checkbox"/> Barks at first but is friendly <input type="checkbox"/> Barks non-stop <input type="checkbox"/> Growls <input type="checkbox"/> Attacks would bite <input type="checkbox"/> Other _____			
<b>18A.</b> Do you have other dogs? YES NO	<b>18B.</b> What other types of dog(s) do you have?		<b>18C.</b> What sex are the other dogs? <input type="checkbox"/> Male(s) <input type="checkbox"/> Female(s) <input type="checkbox"/> Both
<b>19A.</b> If YES, how does <b>this</b> dog get along with your other dog? <input type="checkbox"/> Great <input type="checkbox"/> Tolerates <input type="checkbox"/> Growls <input type="checkbox"/> Fights <input type="checkbox"/> Plays <input type="checkbox"/> Ignores		<b>19B.</b> How does your <b>other</b> dog react to this dog? <input type="checkbox"/> Great <input type="checkbox"/> Tolerates <input type="checkbox"/> Growls <input type="checkbox"/> Fights <input type="checkbox"/> Plays <input type="checkbox"/> Ignores	
<b>20.</b> How does the dog get along with other dogs? <input type="checkbox"/> Hasn't been around many <input type="checkbox"/> Plays(Park/Dog Run) <input type="checkbox"/> Barks/Growls <input type="checkbox"/> Barks excitedly <input type="checkbox"/> Doesn't get along with males <input type="checkbox"/> Better off leash <input type="checkbox"/> Doesn't get along with females <input type="checkbox"/> Better on leash <input type="checkbox"/> Is submissive <input type="checkbox"/> Is dominant <input type="checkbox"/> Fine <input type="checkbox"/> Submissive wetter <input type="checkbox"/> Other _____			
<b>21A.</b> Do you have cats? YES NO	<b>21B.</b> How does the dog react to the cat(s)? <input type="checkbox"/> Ignores <input type="checkbox"/> Playful <input type="checkbox"/> Chases <input type="checkbox"/> Aggressive		
<b>22A.</b> Is there any part of the dog's body s/he does not like you to touch? YES NO		<b>22B.</b> If YES, what part of his/her body? <input type="checkbox"/> Stomach <input type="checkbox"/> Tail <input type="checkbox"/> Back <input type="checkbox"/> Head <input type="checkbox"/> Feet <input type="checkbox"/> Ears <input type="checkbox"/> Any <input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Other _____	
<b>23A.</b> Are you able to approach the dog while s/he is eating? YES NO		<b>23B.</b> How does the dog react to people around food? <input type="checkbox"/> Keeps eating <input type="checkbox"/> Ignores <input type="checkbox"/> Watches curiously <input type="checkbox"/> Eats faster <input type="checkbox"/> Stops eating <input type="checkbox"/> Watches intently <input type="checkbox"/> Growls <input type="checkbox"/> Will bite	
<b>24A.</b> Have you ever tried to remove items from the dog? YES NO		<b>24B.</b> What have you tried to take away? <input type="checkbox"/> Toys <input type="checkbox"/> Balls <input type="checkbox"/> Bones <input type="checkbox"/> Raw hides <input type="checkbox"/> Pig ears	<b>41C.</b> How does the dog react? <input type="checkbox"/> Drops <input type="checkbox"/> Plays tug <input type="checkbox"/> Ignores <input type="checkbox"/> Watches curiously <input type="checkbox"/> Watches intently <input type="checkbox"/> Growls playfully <input type="checkbox"/> Growls <input type="checkbox"/> Will bite
<b>25A.</b> Is the dog afraid of anything? YES NO	<b>25B.</b> If YES, what? <input type="checkbox"/> Vacuums <input type="checkbox"/> Brooms <input type="checkbox"/> Fireworks <input type="checkbox"/> Thunderstorms <input type="checkbox"/> Water <input type="checkbox"/> Plastic bags <input type="checkbox"/> Cars/traffic <input type="checkbox"/> Loud noises <input type="checkbox"/> Other: _____		
<b>26A.</b> If the dog is a female, when was she last in heat?	<b>26B.</b> Has she ever had a litter? YES NO	<b>26C.</b> If YES, when was the most recent litter?	
<b>27.</b> Is there anything else we should know about this dog? If YES, please explain. _____ _____ _____			

<input type="checkbox"/> Male <input type="checkbox"/> Female      Age: _____      Breed: _____      Color: _____
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