

# Dog Personality Profile

Please complete a profile for each dog to be enrolled at Dawg Gone It, LLC. Complete responses assist us in the interview process. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If additional space is required to answer a question, please add an attachment sheet.

Owner's Name(s)		Today's Date:	
<b>SECTION 1: PROFILED DOG INFORMATION</b>			
Dog's Name:		Breed:	
How long have you owned your dog?		Years:	Months:
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____			
If Adopted, what knowledge do you have of your dog's past history?			
<b>SECTION 2: GENERAL HOUSEHOLD INFORMATION</b>			
Total number of people living in your household:		Adult Males	Adult Females
Male Children:		How Many?	Ages:
Female Children:		How Many?	Ages:
<b>OTHER HOUSEHOLD ANIMALS</b>			
<b>BREED</b>	<b>AGE</b>	<b>SEX</b>	<b>SPAYED OR NEUTERED</b>
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many?	

**DOG'S NAME:**

**Breed:**

**SECTION 3: HEALTH AND GROOMING**

A. How often do you brush or comb your dog's coat?

B. How does your dog react to having his/her nails clipped?

C. Does your dog like to be brushed?       Yes    No

If NO, what have you tried to make it more enjoyable?

D. Please describe your dog's flea/tick control and prevention program:

E. Does your dog have any sensitive areas on his or her body?    Yes    No

If YES, where?

F. Does your dog have any allergies?    Yes    No

If YES, please explain:

G. Does your dog have any physical disabilities?       Yes    No

Please explain the disability and the cause:

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

No Jumping    No Running    No Hard Play    No contact w/ other dogs

Other; please explain: \_\_\_\_\_

H. Does your dog have any pre-existing medical conditions?    Yes    No

If yes, please explain:

Please describe any medications used to control the condition and list the dosage:

I. Provide details of your dog's diet – type (kibble, canned, raw/natural) and BRAND:

J. Where is your dog's favorite spot to be petted?

K. How frequently is your dog walked outside?

L. How long are your walks?

M. Indicate from the following, the overall level of exercise that best describes your dog's routine:

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

**DOG'S NAME:**

**Breed:**

**SECTION 4: BEHAVIOR**

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 behave around children?

4. How does your dog get along with other household animals?

5. Do any visitors bring their dog(s) to your house?  Yes  No  
If YES, how do they get along?

6. How does your dog react to a stranger coming into your home or yard?

7. Does your dog ever bark or growl at anyone passing outside your home or yard?  Yes  No  
If YES, please explain:

8. Are there any particular types of people your dog seems to automatically fear or dislike?

9. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

10. How does your dog react to puppies?

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

On leash:

Off Leash:

12. Does your dog play with other dogs?  Yes  No  
If YES, please describe size, breed and temperament of the other dogs:

a. Males and Females  Yes  No

b. Only Males  Yes  No

c. Only Females  Yes  No

13. What kinds of games does your dog play with other dogs?

14. What kinds of games does your dog play with people?

15. 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?

16. Where does your dog sleep?  In the house  Outside the house  Inside/Outside, varies

**DOG'S NAME:**

**Breed:**

In which room in the house does your dog sleep?
Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other _____
17. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what were the circumstances?
18. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what were the circumstances and how did you respond?
19. Has your dog ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what were the circumstances and how did you respond?
<b>GENERAL BEHAVIOR</b>
20. To the best of your knowledge, what does your dog do when you're not at home?
21. How does your dog act when you get home at the end of the day?
22. What does your dog do to show he/she is happy?
23. Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what were the circumstances?
25. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe typical behavior and what specifically helps:
26. Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what noises?
27. Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:
28. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what kinds of toys does your dog like?
29. Has your dog ever growled or snapped at anyone who has taken away his/her food? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
<b>COMMUNICATION/TRAINING</b>
30. Which commands does your dog know? (check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____
31. Does your dog know any tricks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
32. What kind of collar do you use to walk your dog? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Sliding Ring <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch
33. Is it effective in keeping them under control? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. Does your dog have a command to go to the bathroom? If yes, what is the command?
35. Does your dog have a command to be quiet? If yes, what is the command?

DOG'S NAME:

Breed:

36. Does your dog respond to any commands on hand signal? If yes, what are the commands?

37. Is your dog crate trained?  Yes  No

**SECTION 5: OTHER**

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

39. Other comments or information about your dog that you feel might be helpful?

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**Breed:**