

**Incoming Dog Profile**

Case # \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ years \_\_\_\_\_ months

**Sex:**  Female -  Male -  Spayed Female -  Neutered Male

**Why are you surrendering this pet?:** \_\_\_\_\_

**Where did you get this dog?:**

This Shelter -  Friend/Relative -  Found/Stray -  Breeder -  Pet store -  Internet

Other shelter/rescue (*please specify*): \_\_\_\_\_ -  Offspring of Another Pet

**How long have you had the dog?:** \_\_\_\_\_

**Including yourself, how many people of the following ages has the dog lived with?:**

<i>Age Range (Years)</i>	<i>Female:</i>	<i>Male:</i>
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

**What other animals did your dog live with? (If applicable, please specify how many):**

No other animals in household -  Large Dog(s) \_\_\_\_\_ -  Medium Dog(s) \_\_\_\_\_  
 Small Dog(s) \_\_\_\_\_ -  Cats \_\_\_\_\_  
 Other: \_\_\_\_\_

**Did the dog co-exist well with other household animals?**  Yes -  No

**If the answer is no, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which other animals do you feel your dog be rehomed/live comfortably with?:**

Large Dogs -  Small Dogs -  Cats -  Small Animals -  No other animals

**Does your dog enjoy visitor dogs inside the home?:** \_\_\_\_\_

**How does your dog generally behave toward the following (Check all that apply):**

	<i>Never encountered</i>	<i>Friendly</i>	<i>Afraid</i>	<i>Shows teeth/growls</i>	<i>Snaps/Bites</i>	<i>None of these</i>	<i>Other</i>
<b>Large Dogs:</b>							
<b>Small Dogs:</b>							
<b>Cats:</b>							
<b>Unknown Men:</b>							
<b>Unknown Women:</b>							
<b>Babies 0-6 years</b>							
<b>Children 6-12 years old</b>							
<b>Small animals:</b>							

**What is the typical exercise routine for the dog? (i.e short/long walks, off leash hikes, etc.):** \_\_\_\_\_

**What would you say your dog's energy level is from 1-10? 10 being very active:** \_\_\_\_\_

**Does he/she walk well on a leash?:** \_\_\_\_\_

**Does your dog do well off-leash? How is her/his recall?:** \_\_\_\_\_

**How long is your dog left alone, without people, during an average day?:**

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

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

- Outdoors -  Free in home -  Confined to a room -  In a kennel  
 Other: \_\_\_\_\_

**When left alone, does your dog usually show any of the following behaviors?:**

- Destroy household items -  Urinate/defecate -  Bark/cry -  None of these  
 Other: \_\_\_\_\_

**Is your dog crate trained?**  Yes, plastic crate -  Yes, wire crate -  Not crate trained

**Is your dog typically well-mannered in the home?:** \_\_\_\_\_

**Is your dog allowed on the furniture?:** \_\_\_\_\_

**Where does your dog spend most of his/her time?:**

- Inside the house, free roam -  Inside the house, kennel -  Outside the house, tie out  
 Outside the house, runs free -  Outside the house, fenced area

**Where does your dog usually sleep overnight?:**

- Kennel -  Floor -  Dog Bed -  Couch -  Owner's bed -  Other: \_\_\_\_\_

**Does he/she have any basic manners that could use some extra training? (i.e. Barking, Whines, jumping on people, gets in garbage, chewing, guards toys/bones etc.):** \_\_\_\_\_

**How many times do you put your dog out to go to the bathroom?:** \_\_\_\_\_

**Does your dog have accidents in the home at all?:** \_\_\_\_\_

**What toys does your dog like?:**  Tennis Balls -  Frisbee -  Plush -  Squeaky -  Rope toy  
 Rawhides -  Pig's ears -  Other: \_\_\_\_\_

**What games does your dog like?:**  Tug -  Fetch -  Chase -  Wrestling -  None

**What commands is your dog familiar with?:** \_\_\_\_\_

**Does your dog enjoy playing with other dogs?:**  Yes -  No -  Yes, but dog selective

**Does he/she share toys/water bowls with other dogs while playing?:**  Yes -  No

**What types of dog does your dog get along with? (Check all that apply):**

- Male Dogs -  Female Dogs -  Submissive Dogs -  Dominant Dogs -  Large Dogs  
 Medium Dogs -  Small Dogs -  Playful dogs -  Laid Back Dogs  
 Other: \_\_\_\_\_

**Does your dog meet with dogs better on leash, off leash, or okay with both?:** \_\_\_\_\_

**What "hobbies" does your dog enjoy? (Check all that apply):**

- Swimming -  Dog Parks -  Long Hikes -  Skijouring -  Obedience Trials  
 Beach Days -  Running/jogging -  Agility -  Car Rides -  Couch-potatoing

**Where does your dog ride in a vehicle?:** \_\_\_\_\_

**Does your dog ride well in a vehicle? Does he/she enjoy it?:** \_\_\_\_\_

**Has the dog ever bitten anyone? If so, did the bite break skin and/or require medical treatment?:** \_\_\_\_\_

Has your dog ever injured another animal?: \_\_\_\_\_

What is the dog's feeding schedule?:  Free feeding -  1 time/day -  2 times/day  
 3+ times/day (Please specify how many) \_\_\_\_\_ -  Other: \_\_\_\_\_

What type of food is the dog used to:  
 Dry Kibble -  Canned Food -  Canned/Kibble mix -  Other: \_\_\_\_\_

What brand of food and flavor is your dog eating?: \_\_\_\_\_

How much food is given per feeding: \_\_\_\_\_

Does your dog receive table scraps?: \_\_\_\_\_

**Medical History**

Who is your dog's regular Veterinarian? (If not a local Vet, please provide clinic name, city, state, and if able, a phone number): \_\_\_\_\_

Does your dog have to be muzzled at the Veterinarian?:  Yes -  No

Check if your dog has ever shown any of the following *negative* behaviors when handled by a Veterinarian or groomer:

	<i>Never Had Done</i>	<i>Shows teeth/growls</i>	<i>Snaps/bites</i>	<i>None of these</i>
Full Body Examination				
Administer Shots				
Trim Nails				
Blood Draw				
Teeth Checked				
Ears Checked				

Is your dog currently on any medications? Please list medications and what they are for: \_\_\_\_\_

Last time your dog was to the Vet and reason for visit: \_\_\_\_\_

**BraggingTime!!** Please share what you love most about your dog and what others would love too!:

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