

Dog Personality Profile

OWNER CONTACT INFORMATION

Owner's Name _____

Branch of Service _____

Current Address _____

Home Phone _____ Work Phone _____

Other Phone _____ E-Mail _____

Local Contact (in Case Owner Is Unreachable) _____

Relationship to Owner _____

Current Address _____

Home Phone _____ Work Phone _____

Other Phone _____ E-Mail _____

PET INFORMATION

Name _____ Breed _____

Sex _____ If Male, Neutered? Yes/ No _____ If Female, Spayed? Yes/ No _____

Age _____ Color/Markings _____

License tag number: _____

Medical Information

Allergies: _____

Heartworm preventative? Yes/ No _____

Previous Living Environment

Inside? _____ Outside? _____

Good with Other Animals? Yes/ No _____ If Yes, What Kinds? _____

Good with Children? Yes/ No _____ If Yes, What Ages? _____

Personality and Habits

Housetrained? Yes/ No _____ Crate trained? Yes/ No _____

Under what circumstances will the pet exhibit aggressive, passive, or fearful behavior?

Favorite games/toys? _____

Where does he sleep? _____

Type of bed? _____

Has this dog bitten or scratched anyone within the last 10 days? Yes/ No

Does your dog jump fences? Yes/ No

Is your dog leash trained? Yes/ No

Has your dog had any obedience training? Yes/ No

Does your dog know any tricks or commands? Yes/ No

Feeding

Type of Food (Brand Name, Formula, Canned or Kibble) _____

Amount Fed and When _____

Type of Treats _____

Any Food Sensitivities _____

Exercise

Walking schedule: _____

Grooming

Does your dog need regular grooming? Yes/ No

Where do you take your dog for grooming? _____

Veterinarian information

Name of Doctor _____

Name of Practice _____

Address _____

Phone _____

Emergency Vet? _____

(Be sure to attach a copy of vaccination records, in particular proof of the last rabies vaccination.)

Temporary Care Arrangement

Would owner like regular contact with foster home? Yes/ No

If yes, what is the easiest method of contact? _____

Please attach any pertinent information to this sheet.

