



Incoming Dog Profile

Shelter use only: A: _____

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge:

Signature: _____ Date: _____

Print Name _____ Dog's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Dog and Household Information:

Breed _____ Male _____ Female _____ Age: _____

How long have you had this dog: _____ Is the dog spayed/neutered? Yes _____ No _____

Why are you giving this dog up? _____

This dog has lived with (please circle all that apply):

Children under 10 years old Children over 10 years old Seniors
Adults Males Females Dogs Cats Other animals (please list)

Behavior (please circle all answers that apply):

1. Where does your dog spend most of his/her time:

Inside the house, runs free Inside the house, in a cage
Outside the house, runs free in the yard Outside the house, tied
Other: _____

2. When your dog is left alone, he/she is:

In a cage Free in the house Confined to a room Outside

3. How long is your dog left alone for per day:

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

4. What does your dog do when left alone:

Sleeps Urinates/Defecates Whines Barks Chews furniture Chews Household Items

5. When you take food away from your dog, he/she:

Lets you take it Growls Tries to bite you Bites

6. When your dog meets a stranger, he/she:

Wags tail Jumps on the person Runs away Growls Shows teeth
Ignores them Barks Snaps Bites

7. When your dog sees another dog, he/she:

Pulls towards the dog Whines Barks Growls Shows teeth
Ignores them Snaps Bites

8. Your dog chases which of the following:

Joggers Bicycles Skateboarders Cars Cats
Squirrels Birds Doesn't chase anything

9. How many times has your dog run away from your home in the last six months:

Once Twice More than three times

Please explain: _____

10. Has your dog ever bitten a person: Yes No Don't know

If yes, the bite caused: Bruising Red mark Punctures Required stitches

Please describe the incident : _____

11. Has your dog ever bitten another dog: Yes No Don't know

Please describe the incident: _____

Medical History

1. Does your dog see a veterinarian at least once a year: Yes No

If yes, please list veterinarian: _____

2. Please list any past or present medical conditions your dog has:

3. Please list any medications or special diet your dog is on:

Please share any additional information about your dog:
