



Doggie Depot Inc.

Doggie Personality Profile

Complete a profile for each dog to be enrolled at Doggie Depot. Complete responses assist us in the interview process. There are no right or wrong answers as all dogs are unique.

Owner's Name(s):	Today's Date:
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1. Profiled Dog Information

Dog's Name:	Breed:
Age:	How old was your dog when you got him/her?
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 dogs past history?

2. General Household Information

a. People in Household

Total # of people living in your household:		# of adult males:	# of adult females:
Male Children:		Female Children:	
How many are there?	What are their ages?	How many are there?	What are their ages?

b. Other Dogs & Cats in Household

Breed - Dogs	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many cats do you have?	

3. Health/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? <input type="checkbox"/> Yes <input type="checkbox"/> 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/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
f. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
g. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:	
If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> Other (Please explain)	

3. Health/Grooming (Continued)

h. Where are your dog's favorite petting spots?	
i. How frequently is your dog walked outside?	j. How long are your walks?
k. Indicate from the following the overall level of exercise that best describes your dog's routine:	
<input type="checkbox"/> Couch Potato	Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
<input type="checkbox"/> Mild Exerciser	Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
<input type="checkbox"/> Moderate Exerciser	Long or multiple walks daily and/or regular playtime with human or dogs.
<input type="checkbox"/> Athlete	Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.

4. Behavior

a. Relations with people and other animals

1) Indicate from the following the level of dog socialization that best describes your dog's routine:	
<input type="checkbox"/> None – No knowledge of other dog interaction <input type="checkbox"/> Minimal – On lead encounters only <input type="checkbox"/> Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s) <input type="checkbox"/> Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etc.	
2) Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	
a. On Leash:	b. Off Leash:
12) Does your dog play with other dogs? If yes, please describe size, breed & temperament of the other dogs.	
a. Males and Females <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Only males <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Only females <input type="checkbox"/> Yes <input type="checkbox"/> No	
13) What kinds of games does your dog play with other dogs?	
14) What kinds of games does your dog play with people?	

4. Behavior – a Relations with people and other animals (Continued)

15) Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?	
16) Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies 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 (Please describe)
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

1) To the best of your knowledge, what does your dog do when you're not at home?
2) How does your dog act when you get home at the end of the day?
3) What does your dog do to show he/she is happy?
4) Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
6) Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe typical behavior & what specifically helps your dog's fear.
7) Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what noises?
8) Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
9) 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?
10) Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
11) Does your dog have any problems in any of the following areas? If yes, please explain. a) Mouthiness: <input type="checkbox"/> Yes <input type="checkbox"/> No b) Housetraining: <input type="checkbox"/> Yes <input type="checkbox"/> No c) Barking: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Digging: <input type="checkbox"/> Yes <input type="checkbox"/> No e) Ignoring commands: <input type="checkbox"/> Yes <input type="checkbox"/> No

c. Communication/Training

1) Which commands does your dog know? (please 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: _____
2) Does your dog know any tricks? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
3) What kind of a 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 <input type="checkbox"/> Gentle Leader
4) Is it effective in keeping them under control? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does your dog have a command to go to the bathroom? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____
6) Does your dog have a command to be quiet? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____
7) Does your dog respond to any commands on hand signal? If yes, what are the commands? <input type="checkbox"/> Yes <input type="checkbox"/> No Commands: _____
8) Is your dog crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Other

Do you know of any reason that your dog might not like, or be able to use, agility equipment?
Other comments or information about your dog that you feel might be helpful?

Owner Signatures	
Owner #1: _____	Date: ___/___/___
Owner #2: _____	Date: ___/___/___