



DOG PROFILE

GENERAL INFORMATION

Dog Name: _____ Breed: _____

Color: _____ Sex: _____ Birthdate: _____ Weight: _____

Is your dog spayed or neutered? YES / NO If yes, at what age was this done? _____

Where did you get your dog? _____

Has your dog been to Doggie Daycare/Dog Parks and/or boarded before? YES / NO

If yes, where? _____

HEALTH / GROOMING

Which monthly flea treatment do you use? (REQUIRED) _____

What brand of Dog Food do you feed your dog? _____

How much Dry/Canned Dog Food does your dog get per feeding? _____

Does your pet have allergies? YES / NO If yes, please explain: _____

Does your dog have any old/current injuries and/or health concerns? YES / NO

If yes, please explain: _____

Has your dog been on medication recently and/or continuing medication? YES / NO

If yes, what medication? _____

What is the reason for the medication? _____

Does your dog have restrictions that limit your dog's activities or movements? YES / NO

If yes, please explain: _____

Has your dog ever reacted to being brushed, nail trimming, face touching? YES / NO

If yes, please explain: _____

BEHAVIOR

Has your dog had any formal obedience training? YES / NO

If yes, please describe: _____

Has your dog ever jumped over fences? YES / NO If yes, how high? _____

Please describe any situations where your pet has or may become unfriendly (i.e., grabbing collar, touching paws, on leash, petting while sleeping, around other dogs):

Would you consider your dog to be food and/or toy aggressive? YES / NO With dogs and/or people?

Does your dog have any crate training? YES / NO

If yes, how often? _____

Does your dog engage in any unusual repetitive behaviors? YES / NO

If yes, please describe: _____

Is your dog afraid of any specific items or noise? YES / NO

If yes, please describe: _____

Does your dog like to swim? YES / NO If yes, is your dog prone to ear infections, skin allergies or irritations or other problems after swimming? _____

Please describe any additional information about your dog which you feel might be helpful to us:



FOR EVALUATOR USE ONLY

Evaluation Date: _____

Evaluation conducted by: _____

Name: _____

- | | |
|--|---|
| <input type="radio"/> Friendly and playful with people | <input type="radio"/> Fearful and nervous with people |
| <input type="radio"/> Friendly and playful with dogs | <input type="radio"/> Fearful and nervous with dogs |
| <input type="radio"/> Well-adjusted | <input type="radio"/> Overly dependent |
| <input type="radio"/> Shows no aggression towards people | <input type="radio"/> Shows aggression towards people |
| <input type="radio"/> Shows no aggression towards dogs | <input type="radio"/> Shows aggression towards dogs |
| <input type="radio"/> Comes when called | <input type="radio"/> Rarely comes when called |
| <input type="radio"/> Easy to handle | <input type="radio"/> Difficult to handle |
| <input type="radio"/> Easy to lead | <input type="radio"/> Difficult to lead |
| <input type="radio"/> Not active – Restful | <input type="radio"/> Active – Very playful |

- COMMUNITY PM PRIVATE PS ONLY

General comments by Evaluator: _____

