

_____ 'S PROFILE

_____ Owner



BASIC INFO

DOB: _____

Date Obtained: _____

Age Obtained: _____

Why did you get this dog? _____

Has dog had any other owners? Yes No

If so, how many? _____

Why was the dog rehomed? _____

Male or Female? _____

Breed: _____

Breeder/Adoption Agency: _____

Did you meet all the puppies in the litter?

Yes No

If so, why did you choose your puppy? _____

Why did you choose this specific breed? _____

Have you had this breed before? Yes No

What did you pay for your pet? _____

Spayed/Neutered? Yes No At what age? _____

Reason for spay/neuter: _____

If not neutered, why? _____

If female and spayed, did she experience heat cycles before spaying? Yes No

MEDICAL/HEALTH

Last date of Rabies Vaccination: _____

List any medications/supplements/flea tick preventative currently taking & their purpose:

1. _____
2. _____
3. _____

List any medical concerns (eye goop, abnormal stool, diabetes, broken bones, allergies, etc):

1. _____
2. _____
3. _____

HABITS

What percentage of the day is your dog outside? _____

What percentage of the night is your dog outside? _____

Do you live in an apartment, house with fence yard, house without fenced yard, or a farm? _____

What is your dog's primary avenue for exercise? _____

How often do get this exercise? _____

How often is your dog fed meals? _____

Free fed Schedule feedings

What is your dog fed (brand names included)? _____

Do you have other pets in the home? Yes No

If so, what and how many? _____

BEHAVIOR CONCERNS

Is your dog potty trained? Yes No

Is your dog friendly with other dogs? Yes No

Has your dog ever been in a dog fight? Yes No

If so, how many resulted in injury to themselves or the other dog(s) involved? ____

Is your dog friendly with humans? Yes No

Has your dog ever bitten a human? Yes No

If so, how many incidence? ____

Did any of them break skin/draw blood? Were they reported?

Incidence #1 _____

Incidence #2 _____

Incidence #3 _____

Does your dog get along with children? Yes No

Has your dog ever presented resource guarding?
 Yes No

Is your dog fearful of anything? Yes No

If so, what? _____

If aggression is your main training concern, please fill out the "Aggression Behavior Questionnaire"

TRAINING HISTORY AND GOALS

What training, formal or otherwise, has your dog received? _____

What commands do they already know? _____

List 5 things that motivate your dog 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

List troublesome behaviors & what you'd prefer they do instead. Use back of sheet if need more room.

Behaviors you'd like your dog to STOP	Alternative and preferred behaviors
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

List other training goals: _____

