

Caring Companions

Dog Profile

Name: _____ Date: _____

Dog's Name: _____ Age: _____ Date of Birth: _____

Gender: M/F Altered: Yes/No

Name and number of your veterinarian: _____

How long have you owned your dog? _____ Where did you get your dog? _____

Is your dog ever left alone? Yes/No How long each day? _____

Where is the best place to keep your dog when left alone? _____

Where does your dog sleep at night? _____ How many adults live in your home? _____

Are there children in your home? Yes/No What are the children's ages? _____

Do they play with your dog? Yes/No Do they play with your dog indoors or outdoors? _____

Does your dog [tolerate them/ignore them/walk away] if they get too close? _____

Does it seem like your dog would like to play with the children regularly? Yes/No

Does your dog need to be taught to be gentler? Yes/No Does your dog play rough or get mouthy? Yes/No

How often does your dog need a "time out" from the children? _____

What [types/genders/ages] of other animals live with your dog? _____

Does your dog [ignore/play/get bossy/ act grouchy] with any of your other pets? _____

Does your dog have a yard? Yes/No Is it fenced? Yes/No Fence height: _____

Is your dog allowed off leash? Yes/No Does your dog stay with you when it is off leash? Yes/No

Does your dog come when called [Yes/No/Occasionally]? Is your dog leash walked? Yes/No How often?

Does your dog meet new dogs on walks? Yes/No How does your dog react?

Does your dog allow other dogs to [sniff/touch/play]?

Does your dog fetch? Yes/No

Does your dog have a best friend or playmate? Yes/No Please describe:

Does your dog keep him/herself entertained? Yes/No If so, how:

What are your dog's favorite activities & treats?

When is your dog allowed in the house?

Do you have an indoor/outdoor pet door? Yes/No

Does your dog use the door? Yes/No

Is your dog crate trained? Yes/No

Does your dog have accidents in the house? Yes/No If yes, under what conditions?

Where is your dog when the family eats?

Where is your dog while the family is at home?

When [guests/ uniformed service people] come to the house how does your dog react?

Do you keep your dog restrained or enclosed somewhere during these times? Yes/No

How long does it take your dog to calm down when someone comes to visit? _____

Has your dog ever bitten anyone? Yes/No Did it break the skin? Yes/No Explain:

Does your dog have a sensitive body part that it does not like to have touched or handled? Yes/No

Explain:

What does your dog do to show it does not like to be touched or handled? _____

Can your dog be petted or let people near while eating or chewing a bone? Yes/No What is your dog's response: _____

Can you retrieve items from your dog's mouth when it steals something it is not allowed? Yes/No

What are your dog's best qualities? _____

Is your dog better or worse with particular people or children in the household?

Who does your dog listen to or obey the best at home and why?

What types of misbehavior has your dog shown that required discipline?

How has your dog been disciplined?

What command would be helpful to teach your dog before being rehomed?

Does your dog have any health issues? Yes/No Explain:

Is your dog on any type of medication? Yes/No List:

Additional information that will help us rehome your dog: _____

Sign here to confirm your enrollment in Woods Humane Society's Caring Companions Program:

Signature _____ Date _____

Donation Amount: \$_____ Bequest____ or Outright Gift____

Name of executor of your will or trust: _____

Address: _____

City, State & Zip Code: _____

Phone: _____ Email Address: _____

Affix a color photo of your dog here: