



Pet Profile - Dogs

Please take the time to thoughtfully complete the entire form to help us understand your animal's needs and determine how we can best assist you. PLEASE ALLOW 10-15 MINUTES to complete the form. This information is required for all incoming animals (one form for each pet please).

Owner Info

Today's Date _____ Owner's Name _____

Email Address _____ Phone Number _____

Alternate Phone Number(s): _____ Is this your first visit? Yes No

Street Address _____

City, State, ZIP code _____

What is your county of residence? _____

Pet Overview

1. How did you obtain this pet? Be as specific as possible. _____
 - a. If adopted from another shelter or rescue agency, which one? _____
2. How long have you owned this pet? _____
3. Please tell us why you need to find a new home for your pet today? _____

4. If for behavior related reasons, have you sought behavior assistance from a professional? Yes No
 - a. If yes, what modification or management was tried? _____
 - b. Did the recommendations work? _____
5. Is your pet microchipped? Yes No Unknown Microchip number? _____
 - a. Is your pet's microchip registered to you? Yes No
 - b. If no, who is the chip registered to? Please include contact information: _____
6. Is this animal sick or injured right now? Yes No If yes, please describe: _____
 - a. Have you taken this animal to a veterinarian for this illness or injury? Yes No
 - b. Has your pet been treated for this or any other medical conditions? Yes No
7. We would like to help your pet remain a part of your family. If resources are available, are you interested in keeping your pet? Yes No
8. HSPPR may be able to assist with the following, check all that apply:
 Free behavior consultation Assistance with a pet deposit or pet rent (application required)
 Pet food Low/No cost spay or neuter Low/No cost vaccines
 Pet supplies (Items? _____) Other (please explain: _____)

All about (pet's name): _____

This pet is: **Female** **Male**

Is this pet spayed/neutered? **Yes** **No**

How old? (years/ months) _____ What color(s)? _____

What breed? (please be specific) _____

Favorite game to play _____ Toy _____ Treat _____

Place to sleep _____ Place to be pet/scratched _____

Other "favorites" we should know about: _____

Is the pet used to: walking on a leash? **Yes** **No**

Car rides? **Yes** **No**

Is your dog crate trained? **Yes** **No**

If yes, how does your dog respond to being in a crate? _____

Is your dog housebroken? **Yes** **No**

If your dog does have accidents, please describe how often and why you believe they occur: _____

Fear Behavior

1. Is the pet afraid of loud noises (i.e., fireworks, thunderstorms, vacuum etc.)? Please list: _____

2. Is the pet afraid of people? **Yes** **No** If yes, who:

- | | | |
|---|---|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific child (age: _____) |
| <input type="checkbox"/> Adult women | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific person |
| <input type="checkbox"/> Adult men | <input type="checkbox"/> <input type="checkbox"/> All | <input type="checkbox"/> <input type="checkbox"/> Specific person |

3. Is this fear all the time or in certain situations? Please explain: _____

4. What does the fearful behavior look like? _____

Roommate History

1. Has the pet lived with children? **Yes** **No** If yes, what ages? _____

2. How does the pet react to children? _____

3. Has the pet lived with other animals to include dogs, cats, small pets, poultry, livestock? **Yes** **No**

If yes, please describe the other animals: _____

4. How does the pet react to other animals? _____

History with People and Animals

1. Have you ever felt unsafe around this pet? **Yes** **No** If yes, please explain: _____
-
2. Has this pet ever harmed a person, including members of your family or non-family members? **Yes** **No**
- a. If yes, please list who was harmed: _____
- b. How severe was the injury? Check all that apply:
- Bruise/scrape
 - Single bite puncturing skin not requiring medical attention
 - Multiple bites puncturing skin not requiring medical attention
 - Multiple punctures/severe bites requiring medical attention
 - Other: please explain _____
- c. Please describe the incident(s) leading up to the bite: _____
-
- d. Did any bites that caused bleeding occur in the past ten days? **Yes** **No**
- e. Date of bite: _____ Provide time frame of all previous bite(s): _____
-
3. Has this pet ever harmed another animal to include dog, cat, small pet, poultry, livestock? **Yes** **No**
- a. If yes, what type of animal? _____
- b. How severe was the injury? Check all that apply:
- Bruise/scrap
 - Single bite puncturing skin not requiring medical attention
 - Multiple bites puncturing skin not requiring medical attention
 - Multiple punctures/severe bites requiring medical attention
 - Death
 - Other: please explain _____
- c. Please describe the incident(s) leading up to the bite: _____
-
4. When your dog is outside of the home, how does he/she behave with other dogs outside of the home?
(Please check all that apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> I have never taken my dog out | <input type="checkbox"/> Mounts | <input type="checkbox"/> Avoids |
| <input type="checkbox"/> Normal play/interactions | <input type="checkbox"/> Plays Rough | <input type="checkbox"/> Fearful/Anxious |
| <input type="checkbox"/> Chases | <input type="checkbox"/> Barks/Growls at | <input type="checkbox"/> Kept Separate |
| <input type="checkbox"/> Plays With | <input type="checkbox"/> Lunges at | <input type="checkbox"/> Killed |
- a. Provide a brief description of the circumstances when the dog would bark/growl/lunge? _____
-
- b. If kept separate, why? _____

Lifestyle

Where is your dog kept during the day?

- Outdoors - in fenced yard
- Outdoors - on tether/chain
- Outdoors - in dog run
- In a garage or outbuilding
- Indoors - free roam of the house
- Indoors - in crate

Where is your dog kept at night?

- Outdoors - in fenced yard
- Outdoors - on tether/chain
- Outdoors - in dog run
- In a garage or outbuilding
- Indoors - free roam of the house
- Indoors - in crate

1. How does your dog behave when left alone? _____

2. How often has your pet shown each of the following signs when left, or about to be left, on his/her own:
 - a. Barking or whining: **Never** **Seldom** **Sometimes** **Usually** **Always**
 - b. Chewing/scratching at doors, floors, windows, curtains, etc.:
 Never **Seldom** **Sometimes** **Usually** **Always**

3. Does your dog regularly attempt to escape? **Yes** **No** If yes, how does (s)he escape?
 Jumps/climbs fence (fence height and type? _____)
 Digs **Claws/chews his way out**
 Jumps out of window **Knows how to open door/gate**
 Runs out front door every chance he/she gets

4. What type of exercise (interactive physical exercise) does your dog get? _____
 - a. How often do you exercise your dog?
 Never **Once per day** **2x per day** **3x per day** **4x per day** **5x per day**
 1x per week **2x per week** **3x per week** **4x per week** **5x per week** **6x per week**

 - b. How long do exercise sessions last?
 None **Less than 15 minutes** **Between 15 - 30 minutes** **30 minutes**
 Between 30 - 60 minutes **1 hour** **2 hours** **3 hours** **More than 3 hours**

Is there anything else that you think we should know about your pet that we haven't asked?
