Dog Intake Profile

The information provided here will help us in evaluating and finding the best possible home for your dog. Please be as detailed as possible. Thank you.

Dog’s Name: ______________  Breed: ____________  Age: _________  Sex: ____________

Spayed/Neutered: □ Yes  □ No

How long have you owned this dog? ____________________________________________

Does your dog have a: □ Microchip     □ Tattoo     □ None

Microchip Number: __________________________

Has this dog lived with: (check all that apply) □ Other Dogs   □ Cats   □ Children

This dog lives: □ Indoors     □ Outdoors     □ Both

Is this dog house/potty trained? □ Yes □ No □ Partially

Does this dog mark its territory inside? □ Yes □ No

Does this dog repeatedly escape the yard and/or house? □ Yes □ No

If yes, how is the dog escaping?
___________________________________________________________________________

Does this dog excessively bark or howl? □ Yes □ No

If yes, when does this happen?
___________________________________________________________________________

What basic commands does this dog know? □ Sit □ Lay Down □ Stay □ Come

Does this dog know any special tricks?
___________________________________________________________________________

Is this dog leash trained? □ Yes □ No
Is this dog crate trained? □ Yes □ No

Does this dog like to play with toys? □ Yes □ No
If yes, what kind of toys?
___________________________________________________________________________

**Behavior Information**

Does this dog display any type of destructive behavior? □ Yes □ No
If yes, what is this behavior and when does it occur?
___________________________________________________________________________

Has this dog ever bitten anyone? □ Yes □ No
If yes, please explain in detail:
___________________________________________________________________________

How does this dog get along with the following? You may use terms such as friendly, social, loves, fearful, barks, growls, snaps, bites, attacks, unknown, etc.

Men:
___________________________________________________________________________

Women:
___________________________________________________________________________

Strangers:
___________________________________________________________________________

Babies:
___________________________________________________________________________

Children:
___________________________________________________________________________

Cats:
___________________________________________________________________________

Other dogs:
___________________________________________________________________________
Medical Information

Please provide the name and contact information for your veterinarian:

___________________________________________________________________________
___________________________________________________________________________

When was this dog last seen by a veterinarian?
___________________________________________________________________________

Has this dog ever required special surgery or medical attention? □ Yes □ No
If yes, please explain:
___________________________________________________________________________

Is your dog on any special medication? □ Yes □ No □ Other (please explain)
If yes, what medication?
___________________________________________________________________________

Has your dog been diagnosed with and/or treated for any of the following?
□ Allergies □ Seizures □ Urinary tract infection □ Bladder stones □ Diabetes
□ Cancer □ Deafness □ Tumors □ Thyroid disease □ Organ failure
□ Arthritis □ Tick fever □ Valley fever □ Hip dysplasia □ Other (please explain)
___________________________________________________________________________

If yes for any of the above, please elaborate:
___________________________________________________________________________

Any other information you would like us to know about this dog?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________