



Pet Personality Profile

Please fill out in as much detail as possible. Accurate and detailed information can help us make the best match possible between your pet and a family or rescue group.

Pet's Name _____ Breed _____ M / F Age _____ Fixed? Y N

If fixed, where at? _____ Where did you get your pet? _____

If from shelter, which one? _____ How long have you had him/her? _____

Behaviors

Friendly Timid Needy Submissive Calm High Energy Playful

Other _____

Does your pet have any fears? Being alone Thunderstorms Men Women

Children Loud noises Other: _____

Please circle all that apply

House trained Chews things Rides in cars well Barks a lot Leash trained
Food possessive Jumps Digs Crate trained Toy Possessive Obedience trained

Does your pet know these basic commands?

Sit Stay Down Off Come Leave it Drop it Go to your crate/bed

Other: _____

Where does your pet sleep? _____

Does pet live primarily inside or outside? When do they come in? How long/how often?

If your pet is not house trained, when does he/she have accidents, and how often?

Where is your pet kept when home alone? _____

How does your pet react to that time alone? _____

How does your pet ask to go outside? _____

Do you supervise when pet is outside? Yes No

Does your pet escape? Yes No If so, how? Front door, backyard, climbs fence, etc.?

Has your pet been with other animals? Yes No What types? _____

How did they get along? _____

Was your dog the leader of the group? _____

Has your pet been around children? If so, how old were they and how did it go?

How does your pet react around strangers? _____

Has your pet shown any signs of aggression? If so, what are they? _____

Does your pet have any destructive/problematic behavior? _____

Does your pet enjoy being groomed? Yes No Explain: _____

Does your pet tolerate having his/her nails clipped? Yes No Explain: _____

Does your pet have any likes or dislikes? _____

Does your pet have any special needs? _____

How often do you walk your dog? _____

When does your dog bark? _____

Health Information

Does your pet have any health problems? Please Explain _____

Is he/she taking any medication? _____

Has your pet had flea prevention medication within the past 30 days? Yes No Date: _____

Has your pet had heartworm prevention within the past 30 days? Yes No Date: _____

What type/brand of food does your pet eat? _____

How much? _____ How often? _____

Any other information you'd like to provide? _____