



Pup Profile

... Please fill out (1) form per dog, thank you!

DOG'S NAME: _____ OWNER'S NAME: _____

BREED: _____ COLOR (AND SPECIAL MARKINGS): _____ SEX: M F

BIRTHDAY (OR APPROX. AGE): _____ WEIGHT: _____ NEUTERED/SPAYED? Y N

HOW LONG HAVE YOU HAD YOUR DOG? _____ HAS YOUR DOG BEEN SOCIALIZED? Y N

Health:

Is your dog on a **flea control program**? Y N If yes, what kind of flea control? _____

Does your dog have any **allergies**? Y N If yes, what are they? _____

Is your dog on a **special diet**? Y N If yes, what is the diet? _____

Does your dog have any **medical conditions** (such as seizures, arthritis, or reverse sneeze)? Y N

If yes, please list any and all medical conditions: _____

Do any of those medical conditions **limit** your dog's **movement or activity**? Y N If yes, how? _____

Is there anywhere that your dog **doesn't like** to be **touched**? Y N If yes, where? _____

Personality:

What is your dog's typical **level of activity**? Inactive Lazy Moderate Active Hyper

How often does your dog get **exercise**? _____ How long is your dog usually **left alone**? _____

Who is your dog **friendly** with? (Circle all that apply) Men Women Children Small dogs Big dogs Puppies

Is there anything your dog **will lunge at** on a walk? Y N If yes, what? _____

Is there a type of **person or object** your dog **fears or dislikes**? Y N If yes, what? _____

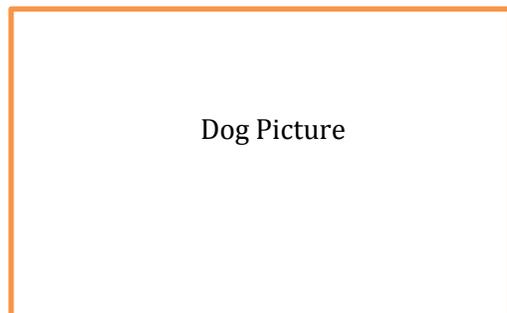
Does your dog tend to be an **escape artist**? Y N If yes, how?: Jumps Digs Bolts out front door/gate

Has your dog ever... 1.) **Displayed protective behavior** around you, your family, or your property? Y N

2.) **Growled/Snapped** at anyone trying to take food or toys away? Y N 3.) **Been in a fight** where

puncture wounds occurred? Y N 4.) **Bitten** anyone? Y N 5.) **Killed** another animal? Y N

If yes to any of the above, explain: _____



Dog Picture

Any additional information that would be helpful?

