



Pup Profile

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

DOG'S NAME: _____ PET PARENTS' NAME: _____

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

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

What are your primary reasons for bringing your pup to D2D?

Travel Work long hours Loves to play Socialization Don't like to leave home alone all day

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? _____

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:

When & Where did you get your dog? _____ He/she ever **socialized** with a group of 8 dogs or more? Y N

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**? _____

Has your dog ever stayed at a **doggy day care or boarding facility before**? Y N If yes, where? _____

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

What is your dog's typical **temperament**: Laid back Playful Excitable Shy Dominant Aggressive Other _____

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

Does your dog tend to.... Jump fences Climb fences Dig Bolt out front doors/gates Chew Bark Cry/howl when alone

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** a person or dog? Y N 5.) **Killed** another animal? Y N

If yes to any of the above, please explain: _____



Any additional information that would be helpful?

Dog interviewed by: _____ Date: _____

For D2D office use only:

Vaccinations provided/approved: Rabies Distemper (DHLPP) Bordatella

Spay/neuter certificate verified: Yes No Clear fecal exam: Yes No

Dog interview results: Pass Temporary Pass on Probation Fail: Training required before return Fail: Not suitable for this environment