Kennebec Valley Humane Society

10 Pet Haven Lane
Augusta, ME 04330
(207) 626-3491

Incoming Dog Profile

Date:

Dog and Household Information:

1. Dog’s name____________________ 2. Gender  O male  O female 3. Age________
4. Breed________________________ 5. How long have you had this dog? __________
6. Is the dog spayed or neutered?  O yes  O no  
7. Is the dog microchipped?  O yes #________________________________________ O no 
8. Your relationship to the dog?  O owner  O friend/caretaker  O foster  O other_______
9. Where did you get this dog from?
   O this shelter  O friend/relative  O newspaper/website  O found  O breeder  O pet store  O other shelter/rescue (name)__________________  O other (describe)________________
10. Why are you giving this dog up? ________________________________
11. Including yourself, how many people of the following ages live in your house?

<table>
<thead>
<tr>
<th>Age Range (years)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
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<tr>
<td>4-9</td>
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<td>10-17</td>
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<tr>
<td>18-29</td>
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<td>30-59</td>
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<tr>
<td>60+</td>
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</tbody>
</table>

12. What other animals did your dog live with?
   O dogs  genders_______ ages_______  O cats  O other____________________________
Typical Behavior:

13. How does your dog usually behave toward the following?

<table>
<thead>
<tr>
<th></th>
<th>Never Encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Your Dog Knows</td>
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<td>Men</td>
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<td>Unfamiliar People</td>
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<td>Men</td>
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<td>Children</td>
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<td>Animals Your Dog Knows</td>
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<td>Dogs</td>
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<td>Cats</td>
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<td>Unfamiliar Animals</td>
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<tr>
<td>Dogs</td>
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<tr>
<td>Cats</td>
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</tbody>
</table>

14. Does your dog usually try to chase any of the following?
O people  O bicycles  O cars  O cats  O wildlife  O doesn’t chase  O other___________

15. How does your dog react when you or a family member does the following to him/her?

<table>
<thead>
<tr>
<th></th>
<th>Never Tried</th>
<th>Enjoys</th>
<th>Allows</th>
<th>Afraid</th>
<th>Growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of These</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathe</td>
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<td>Brush</td>
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<tr>
<td>Wipe Feet</td>
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</tbody>
</table>

16. Do you take your dog outside to go the bathroom?
O yes (how many times per day?)__________  O no (paper trained)

17. Does your dog usually have accidents in the house?
O yes (how many times per day?)__________  O no

18. How does your dog let you know it needs to go outside?
O goes to the door  O rings a bell  O whines/barks  O paces
19. Where does your dog spend most of its time?
O inside the house, runs free  O inside the house, in kennel  O outside the house, runs free  
O outside the house, in kennel or tied

20. How active is your dog?
O couch potato  O moderate  O energizer bunny

21. What kind of exercise does your dog get daily?
O walks *(how many?)*_______  O runs *(how many?)*_______  O swimming  O hiking  
O other_______________________________________________________________

22. How vocal is your dog?
O low  O moderate  O high

23. How would you describe your dog’s personality?
O playful  O lazy  O vocal  O friendly  O shy  O independent  O aloof  O fearful  O quiet  
O affectionate  O hyper  O other_______________________________________________________________

24. How long is your dog left alone during an average weekday?
O never  O 1-3 hours  O 4-8 hours  O 9-12 hours  O over 12 hours

25. Where does your dog stay when left alone?
O outside  O loose in home  O confined to a room  O in kennel  O other___________

26. When left alone, does your dog usually show any of the following behaviors?
O destroy household items  O urinate/defecate  O barks  O breaks out of crates  O none  
O other_______________________________________________________________

27. When you are home, does your dog usually show any of the following behaviors?
O destroy household items  O urinate/defecate  O barks  O breaks out of crates  O none  
O other_______________________________________________________________

28. Where does your dog usually sleep at night?
O kennel  O floor  O dog bed  O couch  O owner’s bed  O other___________

29. When your dog plays, does he/she typically...
O jump  O growl  O bark  O bite lightly  O bite hard  O none

30. What toys does your dog like?
O balls  O frisbee  O plush  O squeaky  O rope  O none  O other________________________________

31. What games does your dog like?
O fetch  O tug  O chase  O wrestling  O none  O other________________________________

32. Is your dog scared of anything?
O yes *(describe)*____________________________________  O no

33. Does your dog have any bad habits? ____________________________________________
34. Is your dog allowed on the furniture?  O yes  O no

35. What commands does your dog know?  
O sit  O stay  O down  O come  O heel  O give paw  O none  O other____________________

36. Has your dog attended any obedience classes?  O yes (where?)_______________  O no

37. Has your dog attended a daycare or boarding facility?  O yes (where?)_________  O no

38. Has your dog ever been walked on a leash?  O yes  O no

39. When your dog is on leash, does he bark at any of the following?  
O dogs  O people  O wildlife  O cats  O cars

40. Does your dog have any problems riding in the car?  
O yes (describe)__________________________________________________________  O no

41. Has your dog ever escaped your property?  
O yes (describe)_________________________________________________________________________  O no

**Aggressive Behavior:**

42. Is there any report of your dog ever inflicting a serious bite to a person?  
O yes  O no  O unknown

43. Has your dog ever attacked another dog resulting in injury or death?  
O yes  O no  O unknown

44. Has your dog attacked another animal (cat, livestock, etc.) resulting in injury or death?  
O yes  O no  O unknown

45. Please check the appropriate boxes if your dog has ever been aggressive in the following situations with the following types of people:

<table>
<thead>
<tr>
<th>Aggressive Behavior</th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
<th>No History of This Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive over food or rawhide</td>
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<tr>
<td>Aggressive over toys</td>
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<tr>
<td>Aggressive over stolen objects</td>
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<tr>
<td>Aggressive when sitting on a family member</td>
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<tr>
<td>Aggressive when moved off the furniture</td>
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</tbody>
</table>
If your dog has been aggressive in any of those situations, please explain in detail:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Medical History:

46. Does your dog see a veterinarian once a year and is he/she up to date on vaccines?
   O yes  O no

47. If ‘yes’, please specify the veterinarian name and contact info:
   Name_____________________________________ Phone Number____________________

48. Check if your dog has ever shown aggression when being handled for the following:

<table>
<thead>
<tr>
<th></th>
<th>Never Done</th>
<th>Growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of These</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
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<td>Restrain</td>
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<td>Administer shots</td>
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<td>Trim nails</td>
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<tr>
<td>Take blood</td>
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<tr>
<td>Groomed</td>
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</tbody>
</table>

49. Does your dog need to be muzzled at the veterinarian?  O yes  O no

50. Does your dog have any past or present medical conditions?
   O yes (describe)_________________________________________________________________ O no

51. Is your dog currently on any medications or a special diet?
   O yes (describe)________________________________________________________________ O no

52. Does your dog have any kinds of allergies?
   O yes (describe)________________________________________________________________ O no

53. What brand of food and treats does he/she eat?____________________________________

Please feel free to tell us any additional helpful comments.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________