# 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 $\qquad$ 2. Gender O male O female 3. Age $\qquad$
2. Breed $\qquad$ 5. How long have you had this dog? $\qquad$
3. Is the dog spayed or neutered? O yes O no
4. Is the dog microchipped? O yes \# $\qquad$ O no
5. Your relationship to the dog? O owner O friend/caretaker O foster O other $\qquad$
6. 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) $\qquad$ O other (describe)
10. Why are you giving this dog up? $\qquad$
11. Including yourself, how many people of the following ages live in your house?

| Age Range (years) | Female |  |
| :---: | :---: | :---: |
| $0-3$ |  |  |
| $4-9$ |  |  |
| $10-17$ |  |  |
| $18-29$ |  |  |
| $30-59$ |  |  |
| $60+$ |  |  |

12. What other animals did your dog live with?

O dogs genders $\qquad$ ages $\qquad$ O cats O other $\qquad$

## Typical Behavior:

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

|  | Never <br> Encounter | Friendly | Afraid | Growls | Snaps | Bites | Unknown |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

People Your Dog Knows

| Men |  |  |  |  |  |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Women |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |

Unfamiliar People

| Men |  |  |  |  |  |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Women |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |

Animals Your Dog Knows

| Dogs |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Cats |  |  |  |  |  |  |  |

Unfamiliar Animals

| Dogs |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Cats |  |  |  |  |  |  |  |

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

|  | Never <br> Tried | Enjoys | Allows | Afraid | Growls | Snaps | Bites | None of <br> These |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bathe |  |  |  |  |  |  |  |  |
| Brush |  |  |  |  |  |  |  |  |
| Wipe <br> Feet |  |  |  |  |  |  |  |  |

16. Do you take your dog outside to go the bathroom?

O yes (how many times per day?) $\qquad$ O no (paper trained)
17. Does your dog usually have accidents in the house? $O$ yes (how many times per day?) $\qquad$ 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 O runs (how many?)___ O O himming 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 $\qquad$
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 $\qquad$
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 $\qquad$
31. What games does your dog like?

O fetch O tug O chase O wrestling O none O other $\qquad$
32. Is your dog scared of anything?

O yes (describe)
33. Does your dog have any bad habits? $\qquad$
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 $\qquad$
36. Has your dog attended any obedience classes? O yes (where?) $\qquad$ O no
37. Has your dog attended a daycare or boarding facility? O yes (where?) $\qquad$ 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) $\qquad$ O no
41. Has your dog ever escaped your property?

O yes (describe)

## 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:

|  | Men |  | Women |  | Children |  | No History of <br> This Behavior |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Aggressive over <br> food or rawhide |  |  |  |  |  |  |  |
| Aggressive over <br> toys |  |  |  |  |  |  |  |
| Aggressive over <br> stolen objects |  |  |  |  |  |  |  |
| Aggressive when <br> sitting on a <br> family member |  |  |  |  |  |  |  |
| Aggressive when <br> moved off the <br> furniture |  |  |  |  |  |  |  |

If your dog has been aggressive in any of those situations, please explain in detail:
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## 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 $\qquad$ Phone Number $\qquad$
48. Check if your dog has ever shown aggression when being handled for the following:

|  | Never Done | Growls | Snaps | Bites | None of <br> These |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Examination |  |  |  |  |  |
| Restrain |  |  |  |  |  |
| Administer <br> shots |  |  |  |  |  |
| Trim nails |  |  |  |  |  |
| Take blood |  |  |  |  |  |
| Groomed |  |  |  |  |  |

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) $\qquad$ 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? $\qquad$
Please feel free to tell us any additional helpful comments.

