Kennebec Valley Humane Society

10 Pet Haven Lane Augusta, ME 04330

(207) 626-3491

Incoming Dog Profile

Date:

1. Dog's name	2. Gender O male O female 3. Age
1. Breed	5. How long have you had this dog?
5. Is the dog spayed or neutered	I? O yes O no
7. Is the dog microchipped? O	yes # O no
3. Your relationship to the dog?	O owner O friend/caretaker O foster O other
	O newspaper/website O found O breeder O pet store
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house?
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years)	O newspaper/website O found O breeder O pet store O other (describe) up?
O this shelter O friend/relative O other shelter/rescue (<i>name</i>)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years) 0-3	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house?
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years) 0-3 4-9	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house? Female Male
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years) 0-3 4-9 10-17	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house? Female Male
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years) 0-3 4-9 10-17 18-29	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house? Female Male
O this shelter O friend/relative O other shelter/rescue (name)_ 10. Why are you giving this dog 11. Including yourself, how man Age Range (years) 0-3 4-9 10-17	O newspaper/website O found O breeder O pet store O other (describe) up? y people of the following ages live in your house? Female Male

Typical Behavior:

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

	Never	Friend	lly Afra	aid Gr	owls	Snaps	В	ites	Unknown
	Encounte								
People Yo	our Dog Kno	OWS							
Men									
Women									
Children									
Unfamilia	r People								
Men									
Women									
Children									
Animals Y	our Dog Kr	nows	·	·			·		
Dogs									
Cats									
Unfamilia	r Animals			·	·		•		
Dogs									
Cats									
O people	your dog us O bicycles does your d	o Cars	O cats O	wildlife O	doesn't	chase C			nim/her?
	Never Tried	Enjoys	Allows	Afraid	Grow	rls Sna	ps	Bites	None of These
Bathe									
Brush									
Wipe									
Feet									
O yes (ho	u take you w many tin your dog u	nes per da	y?)		O no (pa	aper train	ed)		
	w many tin	•			O no				
	does your d the door			_					

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 allo	owed on	the furnit	ure? O y	es Ond)			
	35. What commar O sit O stay O do				e paw	O none O	other		
	36. Has your dog a	attended	any obed	lience clas	ses? O	yes (where	?)		O no
	37. Has your dog a	attended	a daycare	e or board	ing facili	ty? O yes (where?)		O no
	38. Has your dog e	ever beer	n walked o	on a leash	? O yes	O no			
	39. When your do O dogs O people	_			t any of	the followir	ng?		
	40. Does your dog O yes (describe)								O no
	41. Has your dog e O yes (describe)								O no
Ag	gressive Behavior:								
	42. Is there any re O yes O no O ur		our dog e	ver inflicti	ng a seri	ous bite to	a person	?	
	43. Has your dog of O yes O no O ur		cked anot	her dog re	esulting i	n injury or	death?		
	44. Has your dog a O yes O no O ur		another a	nimal (cat	, livesto	ck, etc.) res	ulting in	injury or de	eath?
	45. Please check t situations with the		•	•	dog has	ever been	aggressiv	ve in the fo	llowing
		N	len	Wo	men	Child	Iren	No Hist This Bel	-
	Aggressive over								
	food or rawhide								
	Aggressive over								
	toys								
	Aggressive over								
	stolen objects								
	Aggressive when								
	sitting on a								

family member
Aggressive when
moved off the
furniture

<u>dical History</u> :	adical History:								
-	dog see a veterin	arian once a ye	ar and is he/she	up to date on	vaccines?				
O yes O no									
47. If 'ves'. plea	ase specify the ve	eterinarian nam	ne and contact ir	nfo:					
					C 11 ·				
48. Check if you	ur dog has ever s	hown aggressic	on when being h	andled for the	following:				
	Never Done	Growls	Snaps	Bites	None o				
					These				
Examination									
Restrain									
Administer									
shots									
Trim nails									
Take blood									
Groomed									
	dog need to be m	nuzzled at the v	eterinarian? O	yes O no					
49. Does your o									
•	dag baya any nas	+ 0 = 0 = 0 = 0 = 0) !					
50. Does your o	dog have any pas າ	•			0				
50. Does your o	dog have any pas)	•			0				
50. Does your o O yes (<i>describe</i> 51. Is your dog	currently on any	medications o	r a special diet?		0				
50. Does your o O yes (<i>describe</i> 51. Is your dog)	medications o	r a special diet?						
50. Does your o O yes (<i>describe</i> 51. Is your dog O yes (<i>describe</i>	currently on any	medications o	r a special diet?						
50. Does your of O yes (<i>describe</i> 51. Is your dog O yes (<i>describe</i> 52. Does your o	currently on any) dog have any kind	medications o	r a special diet?		O				
50. Does your of O yes (describe) 51. Is your dog O yes (describe) 52. Does your of O yes (describe)	currently on any) dog have any kind	medications o	r a special diet?		O				
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