



# INCOMING DOG PROFILE

Revised 01/0510

Please fill this out so we can find the best home for your dog!

Date: \_\_\_\_\_ Shelter Number: \_\_\_\_\_

## DEFINITIONS

### Aggression:

- Growl: Low frequency vocalization
- Show teeth: Vertical retraction of lips to show teeth
- Snap: Teeth snap in the air and do not touch skin
- Bite: Contact by teeth to skin or clothing with intention to threaten or harm
- Inhibited or controlled bite: Bite which produces no wound or a superficial wound (scratch or abrasion) with minimal damage and no muscle bruising
- Uninhibited or hard bite: Full thickness skin wound (puncture or laceration) or muscle bruising causing persistent pain
- Attack: Violent bite(s) with severe skin and muscle destruction

### Arousal:

- Mouthing: Teeth contact skin with no break often occurring with play signals
  - Soft mouthing: Contact of teeth causes no discomfort
  - Hard mouthing: Contact of teeth with pressure causing discomfort or pain

## Part 1: Household History

1) Dog's name: \_\_\_\_\_ How old is your dog? \_\_\_\_\_ years \_\_\_\_\_ months

How long have you have your dog? \_\_\_\_\_ years \_\_\_\_\_ months

2) Why are you giving up this dog? \_\_\_\_\_

3) Where did you acquire your dog?  Animal Rescue League  Other Animal Shelter  Friend/Relative  
 Newspaper  Found/Stray  Pet Store  Gift  Own Litter  Other \_\_\_\_\_

Breeder Name and location of Breeder \_\_\_\_\_

3b) How many owners has this dog had? \_\_\_\_\_

4) Please describe your household:  Quiet  Active  Noisy

5) Please list the AGES of household members your dog lived with:

Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_

### *How did your dog react to the men in the household?*

Friendly  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction  No men in household

### *How did your dog react to the women in the household?*

Friendly  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction  No women in household

### *How did your dog react to the children in the household?*

Friendly  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction  No children in household

6) What other animals did your dog live with?  No other animals in household

Dogs (Male / Female / Both)  Cats (Male / Female / Both)  Other (specify) \_\_\_\_\_

- 7) How did your dog get along with the dogs in your household?  
 Friendly  Playful  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 8) How did your dog get along with dogs outside of your household?  
 Friendly  Playful  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 9) How did your dog get along with the cats in your household?  Chases  
 Friendly  Playful  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 10) How did your dog get along with cats outside of your household?  Chases  
 Friendly  Playful  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction

## **Part 2: Dog's Housetraining History**

- 1) Do you take your dog out to go to the bathroom?  No  Yes  Paper trained  
*If yes, how many times a day does the dog go out? \_\_\_\_\_*
- 2) Does your dog have accidents in the house?  No  Yes  
*If yes, how often?*  Daily  A few times a week  A few times a month  
*If yes, does your dog:*  Urinate  Defecate  Both
- 3) How many hours can your dog "hold it"?  Not at all  1-3 Hours  4-8 Hours  8-12 Hours  12+ Hours

## **Part 3: Dogs Behavior History**

- 1) How many hours of the day is your dog: Indoors:\_\_\_\_\_ (hours/day) Outdoors:\_\_\_\_\_ (hours/day)  
**When outdoors, is your dog:**  Allowed to roam  Fenced in yard  Kenneled  Tied  Leash walked  
 Kept in an Invisible Fence  On a runner  Off-leash at dog park  Other \_\_\_\_\_
- 2) How long is your dog left alone, without people?  Never  1-3 Hrs  4-8 Hrs  9-12 Hrs  Over 12 Hrs  
**When alone, is your dog:**  Outdoors  Free in the house  Confined to a room  Crated  
 Other (please describe)\_\_\_\_\_
- 3) When left alone does your dog?  Destroy household items  Urinate  Defecate  Bark  Cry  None
- 4) When you are home, does your dog?  Destroy household items  Urinate  Defecate  Bark  Cry  None
- 5) How does your dog play?  Gentle  Somewhat rough  Very rough  Doesn't play  
**When your dog plays, does he/she:**  Jumps  Growls  Barks  Bites lightly  Bites hard  None  
**What toys does your dog like?**  Balls  Frisbee  Plush  Squeaky  Other:\_\_\_\_\_  None  
**What games does your dog like?**  Fetch  Tug  Chase  Wrestling  Other:\_\_\_\_\_  None
- 6) Please describe your dog's behavior when approached by unfamiliar children:  Never encountered  
 Friendly  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 7) Please describe your dog's behavior when approached by unfamiliar men:  Never encountered  
 Friendly  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 8) Please describe your dog's behavior when approached by unfamiliar women:  Never encountered  
 Friendly  Afraid  Barks  Lunges  Shows teeth  Growls  Snaps  Bites  No reaction
- 9) Does your dog chase (check all that apply):  None  
 Joggers  Cyclists  Skateboarders  Roller Bladers  Cars  Motorcycles  Squirrels  Other\_\_\_\_\_
- 10) Is your dog frightened of anything?  No

Thunder  Loud noises  Fireworks  Vehicles  New places  Other: \_\_\_\_\_

11) Please tell us about your dog's "bad habits:" \_\_\_\_\_

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12) Is your dog allowed on furniture:  No  Yes  Some \_\_\_\_\_

13) Where does your dog sleep overnight? \_\_\_\_\_

14) Has your dog had any obedience training?  No  Yes, did training myself  Yes, with a trainer

**What commands does your dog know?**  None  Sit  Down  Stay  Come  Heel  Give Paw  Other: \_\_\_\_\_

**What collar does your dog wear for leash walking?**  Regular flat collar  Body harness  Choke collar

Pinch/Prong collar  Halti/Gentle Leader  Other: \_\_\_\_\_

15) How does your dog react when you do the following:

**Bathing:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Nail Trimming:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Brushing:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Ear Cleaning:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Teeth Brushing:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Wiping Feet:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Petting:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

**Hugging:**  Never done  Enjoys  Afraid  Shows teeth  Growls  Snaps  Bites  No reaction

16) Where does your dog NOT like to be touched:  Ears  Paws  Mouth  Tail  Other \_\_\_\_\_

**If touched in the above place(s), how does your dog respond?**  Moves away  Shows teeth  Growls  Snaps

Bites  No reaction  Other \_\_\_\_\_

17) How does your dog behave in the car?  Enjoys  Afraid  Resists entering  Sleeps  Barks  Vomits

Urinates/Defecates  Never tried

18) Has your dog ever bitten a person?  No  Yes *If yes, did the bite puncture the skin?*  No  Yes

*If yes, were stitches required?*  No  Yes *Please explain the circumstances:* \_\_\_\_\_

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19) Has your dog ever bitten another dog?  No  Yes *If yes, did the other dog require veterinary care?*  No  Yes

*Please explain the circumstances:* \_\_\_\_\_

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#### **Part 4: Dog's Possessive History**

How does your dog react when you or another family member:

1) pet him/her or touch the bowl or food while eating:

No reaction  Lunges  Shows teeth  Growls  Snaps  Bites  Never tried

- 2) pet him/her or touch a bone, rawhide, pig's ear or other delicious edible while chewing:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 3) pet him/her or touch a stolen food item:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 4) pet him/her or touch a stolen object (tissue, shoe, sock, etc.):  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 5) pet him/her or touch a toy in his/her mouth:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 6) pet him/her or move him/her while sleeping:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 7) push or pull him/her off of furniture:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried
- 8) approach him/her while next to another family member:  
 No reaction    Lunges    Shows teeth    Growls    Snaps    Bites    Never tried

### **Part 5: Dog's Protective History**

1) How does your dog react when an unfamiliar person approaches:

**Yard:**    No reaction    Barks    Lunges    Shows teeth    Growls    Snaps    Bites

**House:**    No reaction    Barks    Lunges    Shows teeth    Growls    Snaps    Bites

**Family member:**    No reaction    Barks    Lunges    Shows teeth    Growls    Snaps    Bites

### **Part 6: Dog's Medical History and Behavior to the Veterinarian**

1) Did your dog see a veterinarian on a regular basis?    No    Yes

*If yes, what is your vet hospital's name?* \_\_\_\_\_

2) How does your dog react when your veterinarian does the following:

Examine (including heart and ears):    No reaction    Shows teeth    Growls    Snaps    Bites    Never done

Restrain:    No reaction    Shows teeth    Growls    Snaps    Bites    Never done

Administer shots:    No reaction    Shows teeth    Growls    Snaps    Bites    Never done

Trim nails:    No reaction    Shows teeth    Growls    Snaps    Bites    Never done

Take blood:    No reaction    Shows teeth    Growls    Snaps    Bites    Never done

*Does your dog have to be muzzled at the vet?*    No    Yes

3) Does your dog have any past or present medical conditions?    No    Yes

*If yes, what are they?* \_\_\_\_\_

4) Is your dog currently on any medications or special diets? \_\_\_\_\_

5) Is your dog spayed or neutered?    No    Yes   If yes, at what age? \_\_\_\_\_

6) What type of food does your dog eat?    Dry    Wet/Canned    Mixed   What brand? \_\_\_\_\_

*Does your dog get table scraps?*    No    Yes   *Does your dog get treats?*    No    Yes

### **Part 7: Additional Information**

This dog would do well in a home with the following:

*Children:*  Any age, including infants and toddlers  Ages 5 and over  Ages 9 and over  Ages 14 and over

No children at all

*Other Animals:*  With dogs  With cats  With other animals (specify) \_\_\_\_\_

Should not live with any other animal

*Visitors:*  Many visitors  Few visitors  No visitors

*Someone home:*  All day  Most of the day  In the mornings and evenings

**Part 8: Please feel free to tell us any additional helpful information**

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By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_