

Owner Information

Name: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

Emergency Contact

Name: _____

Email: _____

Home Phone: _____ Work Phone: _____

Pet Information

Name: _____ Breed: _____ Sex: _____

Birthdate: _____ Weight: _____

Veterinarian

Name: _____

Email: _____

Phone: _____ Fax: _____

PET PERSONALITY PROFILE

Owner's Last Name: _____

How did you hear about Coco and Toto? _____

Dog's Name: _____ Date you acquired dog: _____

Is your dog spayed/neutered? _____ Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's past history:

Does your dog like children? _____

How does your dog behave around children? _____

How does your dog get along with other residents animals? _____

Health

Does your dog have any allergies? _____ Does your dog have hip dysplasia? _____

If yes, what restrictions need to be placed on your dog's activities or movements?

Does your dog react to have any sensitive areas on his/her body

Behavior

Does your dog act afraid of any specific items or noises? If so, please explain:

How does your dog react to strangers coming into your home? _____

Does your dog ever growl or bark at anyone passing outside your home? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

Are there any kinds of dogs or breeds your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Has your dog ever bitten someone? _____ What were the circumstances? _____

Does your dog have any problems in any of the following areas: (if so, please explain)

Mouthiness: _____ Houstraining: _____

Barking: _____ Jumping: _____

Aggression: _____ Other: _____

Has your dog ever growled or snapped at anyone who has taken away his/her food or toys? _____

What were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with other dogs? _____

Has your dog ever had any formal obedience training? _____ If yes, when and where? _____

Other comments about your dog which you feel might be helpful: _____

Has your dog ever escaped or attempted to? _____

Has your dog ever shown aggression toward a person or other dog? _____

Has your dog ever reacted negatively to strangers? _____

Does your dog have food or other allergies? _____

Does your dog have a circumstance that he/she is frightened of? _____

Does your dog have any medical restrictions on his/her activity? _____

Does your dog receive regular exercise? _____

Does your dog have any problem being crated? _____

Does your dog have any area on his/her body that should not be touched? _____