

PUPS @ PLAY - Dog Personality Profile

Complete a profile for each dog to be enrolled at Pups@Play. Complete responses assist us in the interview process. There is no right or wrong answers as the dogs are unique. Please type or print clearly. If additional space is required to answer a question add an attachment.

Owner's Name(s):	Today's Date
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1. Profiled Dog Information

(Please also be sure to insert your dog's name at the bottom of each of the following pages, Thank You!)

Dog's Name: Age:	Breed: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
How long have you owned your dog? Years: _____ Months: _____	
Where did you get your dog? <input type="checkbox"/> Newspaper <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	If adopted, what knowledge do you have of your dogs past history?

2. General Household Information

a. People in Household

Total # of people living in your household:	# of adult males:	# of adult females:	
Male Children:	Female Children:		
How many are there?	What are their ages?	How many are there?	What are their ages?

b. Other Dogs

Breed	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Health/Grooming

a. How often to you brush or comb your dog's coat?	b. How does your dog react to having his/her nails clipped?
c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what have you tried to make it more enjoyable?
d. Please describe your dog's flea/tick control and prevention program?	
e. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
f. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
g. Does your dog have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disabilities & cause.	

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3. Health/Grooming (continued)

h. Provide details of your dog's diet – type (kibble, canned, raw/natural): brand (Innova, Iams, Wellness, etc):									
i. Where is your dog's favorite petting spots?									
j. How frequently is your dog walked outside?	k. How long are your walks?								
l. Indicate from the following the overall level of exercise that best describes your dog's routine. <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Couch Potato</td> <td>Spends days sleeping, occasional walks and/or playtime with humans or other dogs</td> </tr> <tr> <td><input type="checkbox"/> Mild Exerciser</td> <td>Spends days outdoors, short daily walks and/or regular playtime with humans or other dogs</td> </tr> <tr> <td><input type="checkbox"/> Moderate Exerciser</td> <td>Long or multiple walks daily and/or regular playtime with humans or other dogs</td> </tr> <tr> <td><input type="checkbox"/> Athlete</td> <td>Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.</td> </tr> </table>		<input type="checkbox"/> Couch Potato	Spends days sleeping, occasional walks and/or playtime with humans or other dogs	<input type="checkbox"/> Mild Exerciser	Spends days outdoors, short daily walks and/or regular playtime with humans or other dogs	<input type="checkbox"/> Moderate Exerciser	Long or multiple walks daily and/or regular playtime with humans or other dogs	<input type="checkbox"/> Athlete	Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.
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4. Behavior

1. Indicate the following level of dog socialization that best describes your dog's routine. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> None – no knowledge of other dog interaction</td> <td style="width: 50%;"><input type="checkbox"/> Minimal – On lead encounters only</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Moderate – some off-lead playtime on occasion with visitor's/neighbor's /friend's dog(s)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Extensive – Regular visits to dog social events, off-lead dog parks, dog daycare, etc.</td> </tr> </table>		<input type="checkbox"/> None – no knowledge of other dog interaction	<input type="checkbox"/> Minimal – On lead encounters only	<input type="checkbox"/> Moderate – some off-lead playtime on occasion with visitor's/neighbor's /friend's dog(s)		<input type="checkbox"/> Extensive – Regular visits to dog social events, off-lead dog parks, dog daycare, etc.	
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2. Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. How does your dog behave around child	4. How does your dog get along with other household animals?						
5. Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?							
6. How does your dog react to a stranger coming into your home?							
7. Does your dog ever bark or growl at anyone passing outside your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain?							
8. Are there any particular types of people your dog seems to automatically fear or dislike?							
9. Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?							
10. How does your dog react to puppies?							
11. How does your dog react to another dog approaching it in a park, at the beach, or on a walk? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. on a leash</td> <td style="width: 50%;">b. off leash</td> </tr> </table>		a. on a leash	b. off leash				
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4. Behavior – a. Relations with people and other animals (continued)

12. What kind of games does your dog play with people?	
13. Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how does your dog react to another dog approaching his/her food or toys?
14. Where does your dog sleep? In which room in the house does your dog sleep?	How does your dog get along with other household animals? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog cushion/bed on the floor <input type="checkbox"/> Other (please describe)
15. Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were the circumstances and how did you respond?
16. Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were the circumstances and how did you respond?
17. Has your dog ever bitten at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were the circumstances and how did you respond?

b. General Behavior

1. To the best of your knowledge, what does your dog do when you're not at home?	
2. How does your dog act when you get home at the end of the day?	
3. What does your dog do to show he/she is happy?	
4. Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Has your dog ever climbed or jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what were the circumstances?
6. Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe typical behavior & what specifically helps your dog's fears?

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7. Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what noises?
8. Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
9. Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?

c. Communication Training

1. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kiss <input type="checkbox"/> High Five <input type="checkbox"/> Other _____
2. Does your dog know any tricks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
3. What kind of collar do you use to walk your dog? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Sliding Ring <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch
4. Is it effective in keeping them under control? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your dog have a command to go to the bathroom? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command _____
6. Does your dog have a command to be quiet? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command _____
7. Does your dog respond to any commands on hand signal? If yes, what are the commands? <input type="checkbox"/> Yes <input type="checkbox"/> No Command _____
8. Is your dog crate trained? Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Other

Do you know of any reason that your dog might not like, or be able to use, agility equipment?
Other comments or information about your dog that you feel might be helpful?