



DOG MEDICAL AND PERSONALITY PROFILE

Please answer as completely and precisely as you can. Please use a separate form for each animal. Truthful answers will not affect your status as a PAWS client.

Client Name: _____
Pet's Name: _____
Breed: _____ Color: _____
Sex: ___ M ___ F Spay/Neuter: ___ Yes ___ No
Approximate Date of Birth: _____
Approximate Weight: _____

Veterinarian

Name of Veterinarian: _____
Name of Clinic: _____
Address: _____
Phone Number: _____
Approximate Date of Last Visit: _____

Does your pet have an ongoing medical condition? _____ Yes _____ No

If yes, please explain _____

Is your pet currently taking medication? _____ Yes _____ No

If yes, what type? _____

Date of last fecal examination _____

Do you have a municipal license for your dog? ___ Yes ___ No

PLEASE, contact your veterinarian for the following information:

Vaccinations

Dogs: Last DHLPP (Distemper) (date) _____
Last RV (Rabies) (date) _____

Dog Personality Profile

Diet

Does your pet require a special kind of food? _____ Yes _____ No

If yes, please describe the special dietary requirements _____

If yes, was this recommended by your veterinarian? _____ Yes _____ No

How often is your pet fed? _____

Is there any type of food this dog will not eat? _____

Behavior

Dog is: Housebroken _____ Occasionally has accidents _____

Paper trained _____ Not housebroken _____

How does your dog ask to go out? _____

Is your dog crate trained? ___ Yes ___ No

How many times a day is the dog exercised? _____ For how long? _____

How long is the dog left alone on a daily basis (without human companionship)? _____



When the dog is left alone, is she/he kept inside? ____ Yes ____ No
How does she/he react to being left alone for several hours? _____

Would you describe this dog as:
____ Family dog ____ One-person dog ____ Good for senior citizens
____ Good for children ____ Ages of children _____

Check all that best describe this dog:
Shy ____ Affectionate ____ Hyper ____ Playful ____
Protective ____ Noisy ____ Aggressive ____
Quiet ____ Needs a lot of attention ____
Needs a lot of exercise _____

The dog has lived in the same household with: ____ Other dogs
____ Cats ____ Caged Birds ____ Children (ages) _____
____ Other animals (what kind? _____)
Was this successful? _____

Is the dog afraid of anything? (thunder, cars, etc) _____
Does the dog respond to his/her name? ____ Yes ____ No
Where does the dog sleep at night? _____
How do you keep the dog confined to your property? ____ Fenced area
____ Cable/chain ____ No fence
Does your dog jump fences? ____ Height of your fencing _____
Type _____

The dog's favorite activities are: _____
Has the dog had: ____ Training ____ Obedience classes
____ Home training ____ No training
Commands: _____

The dog: ____ Comes when called ____ Walks politely on a leash
____ Tolerates grooming ____ Likes riding in car
This dog is overly protective of: ____ Family ____ Its food/toys
____ Own property
Has this dog ever been kenneled? ____
How was it? _____

Bad habits to watch for _____
Favorite games/toys _____

Have you ever had any behavioral problems with the dog? ____ Yes ____ No
If yes, under what circumstances? _____
Has the dog ever acted in an aggressive manner? ____ Yes ____ No
If yes, under what circumstances? _____
Has the dog ever bitten anyone? ____ Yes ____ No
If yes, under what circumstances? _____

Other comments: _____

