



Incoming Dog Profile

Dog's name: _____

A#: _____

Sex: male female Spayed/Neutered: yes no

Date: _____

Age: _____ Breed(s): _____

How long have you had this dog? _____

Why are you giving up this dog? _____

Where did you get this dog from? _____

Veterinarian(s): _____

Including yourself, what are the ages of the people that live in your home? (Please check all that apply):

0 – 3 years 4 – 9 years 10 – 17 years 18 – 29 years 30 – 59 years 60+ years

What other animals has the dog lived with successfully (with no fighting or other problems)?

other dog cat rabbit other: _____ none

SECTION 1: Miscellaneous Behaviors

INSTRUCTIONS: Dogs display a wide range of variation in their typical behavior. Thinking back over the recent past, please indicate how often the dog has shown any of the following behaviors. (Please check only one box per question):

	Never	Seldom	Sometimes	Usually	Always
Playful, puppyish, boisterous.	<input type="checkbox"/>				
Active, energetic, always on the go.	<input type="checkbox"/>				
Calm, laidback, easygoing.	<input type="checkbox"/>				
Barks persistently when alarmed or excited.	<input type="checkbox"/>				
 Chases or would chase cars, motorcycles, joggers, skateboards or rollerbladers if given the chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 Chases or would chase birds, cats, rabbits, squirrels or other small animals if given the chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
 Escapes or would escape yard if given the chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chews inappropriate objects when people are home.	<input type="checkbox"/>				
Pulls excessively hard when on the leash.	<input type="checkbox"/>				
Urinates against objects/furniture in your home.	<input type="checkbox"/>				
Urinates or defecates in the house when people are home.	<input type="checkbox"/>				

SECTION 2: Fear and Anxiety

INSTRUCTIONS: Dogs often show signs of anxiety or fear when exposed to particular sounds, objects, persons or situations—e.g. crouching or cringing with tail tucked between the legs; whimpering or whining, freezing, trembling, or attempting to escape or hide. Using the following 5-point scales (0=No fear, 4=Extreme fear), please indicate the dog's recent tendency to display fearful behavior in the following circumstances. (Please check only one number):

When approached directly by an unfamiliar person while away from your home.

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When an unfamiliar person tries to touch or pet the dog.

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When being handled (e.g. hugged, restrained, picked up, harnessed, etc.) by a familiar person.

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When being groomed or bathed by a familiar person.

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In response to sudden or loud noises (e.g. thunder, vacuum cleaner, car backfire, objects being dropped, etc.).

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In response to strange or unfamiliar objects outside (e.g. plastic trash bags, leaves, litter, flags flapping, etc.).

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When exposed to unfamiliar situations (e.g. first car trip, first elevator ride, new place, first veterinarian visit.).

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When approached directly by an unfamiliar dog.

No Fear/Anxiety		Moderate Fear/Anxiety		Extreme Fear (cowers, retreats, hides, etc.)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: Aggression to People

INSTRUCTIONS: Most dogs display aggressive behavior from time to time—e.g. barking, growling, showing teeth, snapping, etc. By circling a number on the following 5-point scales (0=No aggression, 4= Serious aggression), please indicate the dog's recent tendency to display aggressive behavior in each of the following circumstances. (Please check only one number):

When approached directly by an unfamiliar person while being walked/exercised on leash.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When strangers walk past your home when the dog is outside or in the yard.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When an unfamiliar person tries to touch or pet the dog.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When toys, bones, or other objects are taken away by a familiar person

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When approached directly by a familiar person when the dog is eating.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When being handled (e.g. hugged, restrained, picked up, harnessed, etc.) by a familiar person.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Has the dog ever inflicted a serious bite to a person that required professional medical care? yes no

 Has the dog ever shown any of the following behaviors towards people? (Please check all that apply):

	Man	Woman	Child	Never done
Snapped at:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed teeth or growled at:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitten:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If you checked that the dog has snapped at or bitten a person, please describe the circumstances in detail.

 During handling by a veterinarian or groomer, how did the dog respond to the following procedures?
(Please check all that apply):

	Show teeth/Growl	Snap	Bite	None of these	Don't know/Never done
Examine: (including heart and ears)	<input type="checkbox"/>				
Restrain:	<input type="checkbox"/>				
Administer shots:	<input type="checkbox"/>				
Trim nails:	<input type="checkbox"/>				
Take blood:	<input type="checkbox"/>				

SECTION 4: Aggression to Other Animals

INSTRUCTIONS: Many dogs use aggressive displays—e.g. barking, growling, showing teeth, snapping, etc. as a way to communicate with other dogs and animals. By circling a number on the following 5-point scales (0 = No aggression, 4 = Serious aggression), please indicate the dog's recent tendency to display aggressive behavior towards another animal in each of the following circumstances. (Please check only one number):

When approached directly by an unfamiliar dog while being walked/exercised on leash.

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When approached while eating by another familiar dog.

No other dogs in household

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When approached while playing with/chewing a favorite toy, bone, object, etc. by another familiar dog.

No other dogs in household

No Aggression (No visible signs of aggression)		Moderate Aggression (growl/bark, show teeth)		Serious Aggression (snaps, bites or attempts to bite)
0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Has the dog *ever* shown any of the following behaviors towards another animal?
(Please check all that apply):

	Other Dog	Cat	Livestock or Other Domesticated Animal	Never done
Snapped at:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed teeth or growled at:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitten:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Has the dog ever attacked another dog resulting in severe injury (that required veterinary care) or death?
 yes no

 Has the dog ever attacked another domesticated animal (cat or livestock) resulting in severe injury (that required veterinary care) or death? yes no

SECTION 5: Attachment, Attention-seeking, and Separation

INSTRUCTIONS: Most dogs are strongly attached to people, and some demand a great deal of attention and affection from them. Some dogs show signs of anxiety when left alone, even for short periods of time. Thinking back over the recent past, how often has your dog shown each of the following behaviors related to attachment and anxiety at being alone? (Please check only one box per question):

	Never	Seldom	Sometimes	Usually	Always
Tends to follow you (or other members of the household) around the house, from room to room.	<input type="checkbox"/>				
Tends to sit close to, or in contact with, you or others when you are sitting down.	<input type="checkbox"/>				
Is restless/agitated or paces when left alone.	<input type="checkbox"/>				
 Barks, whines, or cries when left alone.	<input type="checkbox"/>				
 Destroys household items or chews/scratches at doors, floor, windows, curtains only when left alone.	<input type="checkbox"/>				
 Urinates/defecates in the house only when left alone.	<input type="checkbox"/>				

How long is the dog usually left alone, without people, during the day?

- Never 1 – 3 hours 4 – 8 hours 9 – 12 hours Over 12 hours

Where is the dog kept when no one is home?

- Outdoors Free in home Confined to a room In a crate Other: _____

SECTION 6: Additional Information

How is the dog usually exercised? (Check all that apply.)

- Walks on leash Runs/jogs on leash Play in yard None Other: _____

What games and toys does this dog like? (Check all that apply.)

- Fetch Tug Chase Wrestling Balls Squeaky Toys
 Stuffed Plush Toys Frisbee Rope Toys None Other: _____

What commands does the dog know? (Check all that apply.)

- Sit Down Stay Come Heel Give Paw None Other: _____

Please include any additional comments that you feel would be helpful in matching your foster dog with the perfect home. Thank you for your help!