

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



**HUMANE  
SOCIETY**  
OF BOULDER VALLEY

# *Dog Profile*

**Dog's Information:**

Animal ID (Staff Use Only): \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: (Check Box)    Male    Female

Spayed or Neutered: (Check Box)    Yes    No    Unknown

Age: \_\_\_\_\_

Date of Birth (If Known): \_\_\_\_\_

**About your Dog's History:**

How long has this dog lived with you? \_\_\_\_\_

Where did you obtain the dog? \_\_\_\_\_

Please explain why you are relinquishing your dog:

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

## About your Dog's Health:

What food is your dog currently eating? \_\_\_\_\_

Is your dog current on his/her vaccinations? \_\_\_\_\_

What is the name of your veterinary clinic? \_\_\_\_\_

Does your dog have any medical concerns?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any skin allergies?    Yes    No

If yes:

What are the symptoms? \_\_\_\_\_

Have they been diagnosed by a vet? Please list diagnosis if yes: \_\_\_\_\_

\_\_\_\_\_

Are they controlled by:    Special diet    Drug dosage    Uncontrolled

If skin allergies are uncontrolled, was a solution sought? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog suffer from seizures?    Yes    No

If so, are they controlled by medication? (Please write name and dosage of medication.)

\_\_\_\_\_

If the seizures are not controlled, have there been measures sought to control them?

\_\_\_\_\_

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

## About your Dog's Habits:

Where does your dog spend the day? \_\_\_\_\_

How many hours is your dog left home alone? \_\_\_\_\_

Where does your dog spend the night? \_\_\_\_\_

What is your dog's exercise routine? \_\_\_\_\_

For how many hours is your dog comfortable being left alone? \_\_\_\_\_

Has your dog ever been introduced to a crate?    Yes    No

If yes, please describe his/her behavior in the crate: \_\_\_\_\_

Does your dog still use the crate? If yes, please explain when. \_\_\_\_\_

Is your dog housetrained? \_\_\_\_\_

When might your dog have an accident? \_\_\_\_\_

Does your dog use a doggie door? \_\_\_\_\_

Has your dog ever been diagnosed with a Urinary Tract Infection?    Yes    No

If yes, what was the outcome? \_\_\_\_\_

Has your dog ever escaped from the yard or house?    Yes    No

If yes, please explain the circumstance(s): \_\_\_\_\_

## About your Dog's Behavior

What is your dog's favorite game/activity? \_\_\_\_\_

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

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Do you take your dog to the dog park?      Yes      No

If yes, how does your dog act at the dog park? \_\_\_\_\_

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What are your dog's favorite toys? \_\_\_\_\_

Who is your dog's favorite company? \_\_\_\_\_

How does your dog generally show affection? \_\_\_\_\_

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How does your dog generally greet strangers in the home? \_\_\_\_\_

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How does your dog greet strangers outside of the home or in general? \_\_\_\_\_

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How does your dog greet other animals outside of the home or in general? \_\_\_\_\_

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How does your dog behave at the vet? \_\_\_\_\_

Has your dog been through any obedience training?      Yes      No

If yes, please explain (ex. Training at home, level of obedience classes):

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What commands/special tricks does your dog know? \_\_\_\_\_

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Have you and your dog ever worked with a behaviorist, dog trainer, or other professional?      Yes      No

If yes, what behavior(s) did you seek counsel for: \_\_\_\_\_

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Has your dog had any experience with children?      Yes      No

If yes, what ages and what circumstances: \_\_\_\_\_

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

Would you recommend that your dog be placed in a home with children? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Please explain any behaviors that the new adopters will need to be aware of, and under what circumstances they may happen. (Example: Chewing, excessive barking, separation anxiety): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you believe your dog has separation anxiety, please list the symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what way(s) has your dog been destructive in your home? \_\_\_\_\_

\_\_\_\_\_

Do these behaviors continue to happen?    Yes    No

If yes, please explain consistency: \_\_\_\_\_

Has your dog ever growled at you or anyone else?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bared his teeth at you or anyone else?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever lunged at you or anyone else?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever snapped at you or anyone else?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

Has your dog ever shown any other form of aggression towards you or anyone else? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten you or anyone else?    Yes    No

If yes, please explain the incident(s): \_\_\_\_\_

\_\_\_\_\_

Did the bite/s break the skin?    Yes    No

Has your dog bitten and broken the skin on anyone in the past 10 days?    Yes    No

If so, please write the date the bite occurred: \_\_\_\_\_

Does your dog have any fears, and if so what are they? \_\_\_\_\_

\_\_\_\_\_

What does your dog do when he/she is frightened? \_\_\_\_\_

\_\_\_\_\_

Is your dog sensitive about being handled in any way?    Yes    No

If yes, please explain, including the dog's reaction: \_\_\_\_\_

\_\_\_\_\_

Has your dog lived with other animals?    Yes    No

If yes, please list species of other animals: \_\_\_\_\_

\_\_\_\_\_

Was the situation successful? \_\_\_\_\_

If not, please explain why: \_\_\_\_\_

\_\_\_\_\_

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

Has your dog ever fought with another dog?    Yes    No

If yes, please describe the situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there food, toys, or rawhides involved?    Yes    No

Has your dog ever injured another dog?    Yes    No

If yes, where on the other dog's body was the injury: \_\_\_\_\_  
\_\_\_\_\_

How severe was the injury? (Check all that apply)

    Bruise or scrape    Single bite (puncturing the skin)    Multiple bites (puncturing the skin)  
    Severe multiple bites/mauling

Other: \_\_\_\_\_

**\*Please use the space below for any additional information you would like to share about your dog\***

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