



Waggin' Tails
Your dog's home, when you're not!

Phone: 972-398-6008

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Personality Profile

Owners Name _____ Date _____

Dog's Name _____ Nick Name _____

Breed or Mix _____ Color _____

Date of Birth _____ Age _____

Sex M F Spayed/Neutered Y N At what age? _____

How long have you owned your dog? _____

Where did you get your dog? _____

If adopted, do you have knowledge of past history? Y N

If yes, please describe _____

Number of adults in household? _____ males _____ females _____

Number of children in household? _____ males _____ females _____

Other animals in household? Y N

Species	Breed	Altered	Age	Sex
_____	_____	Y N	_____	M F

How does your dog get along with other animals in household?

Has your dog ever attended daycare? Y N If yes, where? _____

How does your dog react in the following circumstances?

Around strangers in your home _____

Around children _____

Around puppies _____

Around delivery persons _____

When you leave the home _____

When you return to the home _____

Out on a leash walk _____

When another dog is approaching _____

Off leash or at a dog park _____

How many times per week is your dog walked outside? _____

Duration of walks _____

How much time do you spend with your dog on a daily basis? _____

List activities you share _____

What are some of your dog's favorite things to do? _____

Does your dog have a favorite toy?

Does your dog have a favorite treat?

How does your dog let you know he/she needs to go to the bathroom?

Under what circumstances does your dog exhibit the following behaviors?

Barking _____

Growling _____

Jumping _____

Digging _____

Biting/Mouthing _____

Destructive Chewing _____

Eliminating in the house _____

Eating Feces _____

Runs away/Jumps Fence _____

Separation anxiety/Depression _____

Has your dog ever bitten a person? Y N

Please describe _____

Has your dog ever bitten another dog or animal? Y N

Please describe _____

Is your dog afraid of anything or have a nervous personality? i.e. thunder, large

dogs, water, shakes, pees, etc _____

Has your dog ever shared his toys or food with other animals in the household?

Please describe. _____

Does your dog have any play or game preferences? _____

Has your dog been to obedience training? Y N If Yes, with

Whom? _____

What commands does the dog know? _____

What kind of collar do you use when walking your dog? _____

Does your dog know any hand signals? _____

Does your dog have a bathroom command? _____

Does your dog have a play command? _____

Does your dog have a quiet command? _____

Is your dog crate trained? _____

Does the dog live inside or outside? _____

Do you have a fenced in yard? _____

Does the dog have any routines we should be aware of? _____

Does the dog have any physical ailments that would restrict or prevent him/her from normal play? Please describe. _____

Please include any information you feel would assist us in providing your pet with the best possible experience.
