



Date: _____

Pooch Personality Profile

Complete a profile for each dog enrolled at Golden Paws Pet Resort & Spa LLC. Complete responses assist us in providing high quality care for your dog. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If additional space is required to answer a question add an attachment sheet.

Owner Info

Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Cell Phone 2	
Email	

Pet Info

Name	
Breed	
Sex	
Color	
Spayed/Neutered	
Weight (lbs)	
Birth Date Month/Year	

Emergency Contact Info

Name	
Phone	

Veterinarian Info

Name	
Phone	

Pet License

**Pet License #	
State and Town of Issuance	

Profiled Dog Information

If multiple Dog Personality Profiles are being submitted, this is **Profile # _____ of _____**
(Please also be sure to insert your dog's name at the bottom of each of the following page, thank you!)

Dog's Name:	Breed:
1. How long have you owned your dog?	Years: Months:
2. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <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?
3. Has your dog ever been boarded at a pet center or veterinarian previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any problems or concerns noted during or after the stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
4. Please describe your dog's flea/tick control and prevention program:	
5. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
6. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause: If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (Please explain)	
7. Does your dog have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If answered yes, and medication is used to control the condition provide name and dosage.	

8. Provide details of your dog's diet – <i>type</i> (kibble, canned, raw/natural): <i>brand</i> (Innova, Iams, Purina, etc):
9. Are there any particular types of people your dog seems to automatically fear or dislike?
10. 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?
11. Has your dog ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
12. To the best of your knowledge, what does your dog do when you're not at home?
13. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
14. 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 fear.
15. Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
16. 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?
17. Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
18. 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"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____

30. Complete table with information on other pets in household:

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
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many cats do you have?			

31. Complete the following grooming and health information:

a. How often do 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. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
e. Where are your dog's favorite petting spots?	
f. How frequently is your dog walked outside?	g. How long are your walks?
h. Indicate from the following the overall level of exercise that best describes your dog's routine: <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 human or other dogs. <input type="checkbox"/> Moderate Exerciser Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, or Frisbee.	

32. Complete the following behavior information:

a) Indicate from the following the level of dog socialization that best describes your dog's routine: <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, etcetera	
b) Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) How does your dog behave around children?	d) How does your dog get along with other household animals?

e) 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?	
f) How does your dog react to a stranger coming into your home or yard?	
g) Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
h) Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?	
i) How does your dog react to puppies?	
j) How does your dog react to another dog approaching it in a park, at the beach or on a walk?	
a. On Leash:	b. Off Leash:
k) Does your dog play with other dogs? If yes, please describe size, breed & temperament of the other dogs.	
a. Male and Females <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Only males <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Only females <input type="checkbox"/> Yes <input type="checkbox"/> No	

33. Does your pet like to chew or de-stuff toys or bedding? <input type="checkbox"/> Yes <input type="checkbox"/> No
