

8102 Lemont Road Suite 600 Woodridge, IL 60517 Phone: (630) 541-3617 Fax: (630) 541-6398 Web: www.dogtasticfun.com

## **DOG PERSONALITY & BEHAVIOR PROFILE**

Complete a profile for each dog enrolling at Dogtastic Fun LLC. Owners Name(s):\_\_\_\_\_\_ Date: **DOG INFORMATION** DOG'S NAME: \_\_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ \_\_\_\_\_ WEIGHT:\_\_\_\_\_\_ BIRTH DATE:\_\_\_\_\_ COLOR:\_\_\_\_ How long have you owned your dog? (YEARS & MONTHS): Where did you get your dog? OTHER DOGS IN HOUSEHOLD **BREED** AGE SEX (M or F) **SPAYED OR NEUTERED (YES or NO) BEHAVIOR** How much dog socialization is part of your dog's routine? ☐ NONE – No other dog interaction ☐ MODERATE – Some off-leash playtime with visitor's/friend's dog(s)  $\hfill\square$  EXTENSIVE – Regular visits to off-leash dog parks, dog daycare, etc. ☐ MINIMAL – On leash encounters only Does your dog like children? \_\_\_\_\_ Men? \_\_\_\_\_ Women? \_\_\_\_\_ How does your dog react to a stranger coming into your home or yard? How does your dog react to another dog approaching him/her outside the home? On Leash: Has your dog ever shared his/her food or toys with other animals?  $\square$ Yes  $\square$ No If yes, how does your dog react to another dog approaching his/her food or toys? Is your dog frightened by any noises? ☐Yes ☐No If yes, what noises? \_\_\_\_\_ Is your dog frightened or nervous around anything else? 

Yes 

No If yes, please explain: \_\_\_\_\_\_\_ Does your dog demonstrate or have any problems in any of the following areas? ☐Barking  $\square$ Jumping □Mouthiness ☐ Not good with people □ Ignoring command □ Destructiveness □ Pushiness/Dominance □ Not good with other dogs ☐Bites □ Aggression ☐ Other \_\_\_\_\_ ☐ Shyness ☐ Housetraining ☐ Growling Please explain what you have checked above:



Owner #2 - Name (Print)

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Date

## **DOG PERSONALITY & BEHAVIOR PROFILE (continued)**

## **HEALTH AND GROOMING** What flea/tick treatment do you use? How does your dog react to having his/her nails clipped? Does your dog like to be brushed? ☐Yes ☐No Does your dog have any sensitive areas on his/her body? ☐Yes ☐No Does your dog have any allergies? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_\_ What restrictions, if any, need to be placed on your dog's activities? Do you know of any reason that your dog would be unable to use playground equipment such as slides, stairs, ramps, COMMUNICATIONS Has your dog ever had any formal obedience training? $\square$ Yes $\square$ No Which commands does your dog know? Does your dog have a command to go to the bathroom? Yes No If yes, what is the command? \_\_\_\_\_\_\_ Does your dog have a command to be quiet? ☐Yes ☐No If yes, what is the command? \_\_\_\_\_ Does your dog respond to any commands by hand signal? Yes No If yes, what are the commands? Is your dog crate trained? ☐Yes ☐No **GENERAL** Where does your dog sleep? $\square$ Inside the house $\square$ Outside $\square$ Inside/Outside (varies) If inside, which room does your dog sleep in? does your dog sleep? □Crate □Owner's bed □Dog bed on floor □Other \_\_\_\_\_ Has your dog ever growled at anyone? ☐Yes ☐ No If yes, please explain the circumstances and your response: \_\_\_\_\_\_ Has your dog ever bitten anyone? ☐Yes ☐No If yes, please explain the circumstances and your response: Other comments or information about your dog that you feel may be helpful: \_\_\_\_\_\_ Owner #1 - Name (Print) Signature Date

Signature