



Incoming Canine Profile

Dogs can't talk, so they can't tell us where or with whom they would like to live. To ensure that their adoptive home is a safe, happy and appropriate place for *your* dog to live, we need you to fill out this form in as much detail as possible. Detailed and honest information from you is crucial to our placement process, so please take the time to fill in this profile with care and accuracy.

Undesirable behaviors and medical issues do not necessarily prevent placement, however, failure to disclose those problems definitely does. Dishonest or incomplete responses can undermine the safety and happiness of both your dog and the new adoptive family. If there are any questions that are unclear or that you are uncomfortable responding to for any reason, please ask to speak directly to one of our helpful staff members about the issue.

The Basics

Dog's Name: _____ Age: _____ Breed(s): _____
Sex: Male Female Fixed Unsure Identification: Tattoo Microchip Other None

What other steps have you taken either to keep or find placement for your dog? _____

How long has this dog lived with you? _____

Where did you acquire this dog?

- Dakin Pioneer Valley Humane Society Other Shelter Breeder Pet Store Gift
 Friend/Relative Newspaper Found/Stray Born at Home Other

How many other homes did this dog have before yours? _____

What can you tell us about this dog's life prior to living with you? _____

Lifestyle

Where does this dog spend most of the day?

- Whole house Crate Basement Outdoor kennel Chained in yard Garage Fenced yard Roaming at will
 Invisible-Fenced Yard Other _____

How much of the time was the dog kept outside? _____ Inside? _____

Where did you leave the dog when no one was home? _____

Can this dog be left alone in the house for 8 hours a day without issues? Yes No

If no, why not? _____

Where is the dog used to sleeping?

- In person's room In person's bed Doghouse Garage Fenced yard Tied in yard Roaming
 Outdoor kennel Patio Crate Invisible-Fenced Yard Other _____

Do you have a fenced yard? Yes No If yes, how high? _____ Type? _____

If no, how do you keep this dog confined to your property? _____

Has the dog repeatedly escaped from your yard? Yes No

If yes, how? Digs out Jumps fence Opens gate Charges out open gate Chews through Ignores invisible fence

When does the dog escape? All the time When left alone Other _____

What word best describes your dog's energy level? Hyper High-energy Easygoing Low key Sluggish

How do you exercise your dog? _____

Does your dog chew things up? Yes No If yes, what things? _____ When? _____

Social Skills

What ages/types of people lived with this dog?

Adult men Adult women Seniors Older children (Ages _____) Younger children (Ages _____)

How would you describe this dog's behavior around children?

Friendly Playful Tolerant Afraid Snappy Too much for small children Never been around children

Is the dog's behavior different with new children than with those in your home? _____

How would you describe your household?

Grand Central Station! Some Activity Quiet & Serene

Has the dog ever bitten, snapped, or growled at a person? Yes No

If yes, please describe _____

Is this dog frightened of anything?

Men Children Women Strangers People in uniform Fireworks
 Vacuums Thunder Hands Feet Brooms Other _____

Does this dog chase anything?

People Children Livestock Cars Bicycles Other _____

Please check all the animals that the dog has lived with: (check all that apply)

Male dogs Female dogs Small animals (what kind?) _____
 Cats (indoors) Cats (outside or in the yard) Farm animals (what kind?) _____
 Other (please explain) _____

Describe the dog's behavior around other dogs. (check all that apply)

Never been around dogs Adores other dogs Friendly/playful
 Aggressive with all dogs Bossy Frightened
 Ignores or is indifferent Gentle/submissive Roughhouses
 Aggressive with same sex dogs Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe the dog's behavior around cats. (check all that apply)

Never been around cats Respectful Friendly/playful
 Aggressive Has killed a cat Frightened
 Ignores or is indifferent Gentle/submissive Chases for fun
 Chases to harm Other (please explain) _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

What types of animals does this dog NOT get along with? _____

Has the dog ever injured or killed another animal? Yes No

If yes, please describe and give date _____

When leashed, how does this dog react to other dogs? _____ To people? _____

Do you feel that this dog is overprotective? Yes No

Does your dog allow you to: take away bones handle or move their food bowl move them from the sofa or their dog bed

wake them from sleep grab their collar

If not what does the dog do when you try? _____

Would you describe your dog as mouthy? _____

What are this dog's favorite toys or games? _____

Training

Does the dog know her/his name? Yes No

How frequently does s/he come when called? 0% 25% 50% 75% 100%

What type(s) of training has this dog had?

Group classes Trained yourself Private lessons None

This dog knows how to:

Sit Stay Come Lie Down Walk well on leash

Did you ever use the following tools in training: Shock Collar Prong Collar Choke Chain Clicker Treats

Does the dog know any tricks? _____

Does the dog ride well in a car? Yes No

Does this dog have any bad habits that the new adopter should be aware of? Yes No

If yes, please describe _____

What have you done to correct this bad habit? _____

Housetraining

Is this dog housetrained? Yes No How does s/he ask to go outside? _____

If no, has the dog been examined by a veterinarian to rule out physical problems? Yes No

How often does the dog have accidents in the house?

Urine:

Daily Once a week Never Every time dog is indoors Other _____

Stool:

Daily Once a week Never Every time dog is indoors Other _____

What kinds of housetraining have you tried? Paper Crate None

How have you dealt with this housetraining problem?

Dog only allowed in certain areas Dog kept outside only Other _____

Health

Does this dog have any old injuries or health problems? Yes No

If yes, please explain _____

When do you feed this dog? AM PM Free Feed Other _____

What type of food is fed? Dry Semi-moist Canned Dry/Canned mixture

What brand of food does this dog prefer? _____

Who is this dog's veterinarian? _____ When was the dog last seen by a veterinarian? _____

How does this dog act at the vet's office? Nervous Afraid Aggressive Calm Happy

Is (s)he sensitive about being handled in any way? (describe) _____

What is this dog's best quality? _____

Is there anything else we should know about this dog?

I authorize the release of my pet's medical records to the DPVHS _____ (signature)