

Pet Personality Profile

Please provide us with as much information as possible to assist in placing your pet with a new family.

Pet's Name: _____	Pet's Age or Date of Birth: _____
Pet's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed or neutered <input type="checkbox"/> Not sure	
Primary Breed: _____ Secondary Breed: _____ <input type="checkbox"/> Unknown Mix	
Why are you turning in this pet? _____	
What medical issues does your pet have? _____	
From where did you acquire your pet? <input type="checkbox"/> Pet Store <input type="checkbox"/> Online <input type="checkbox"/> Took in as a stray <input type="checkbox"/> Shelter/Rescue <input type="checkbox"/> Private Breeder <input type="checkbox"/> Other: _____	
How long have you owned the pet? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> More than 5 years	
Is your pet good with any of the following other animals? (<i>check all that apply</i>) <input type="checkbox"/> Big Dogs <input type="checkbox"/> Small Dogs <input type="checkbox"/> Cats <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
Where does your pet spend most of it's time? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Is your pet housebroken? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Crate-trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your pet act with small children? <input type="checkbox"/> Playful <input type="checkbox"/> Not well <input type="checkbox"/> Disinterested	
Is your pet good in the car? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
How is your pet on a leash? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Never trained	
What is your pet's level of obedience training? <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Does your pet try to escape? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which methods of escape does your pet use (<i>check all that apply</i>): <input type="checkbox"/> Digging <input type="checkbox"/> Jumping <input type="checkbox"/> Climbing <input type="checkbox"/> "Door dash"	
Is your pet destructive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are your pet's destructive habits? (<i>check all that apply</i>)	
Methods: <input type="checkbox"/> Chews <input type="checkbox"/> Scratches <input type="checkbox"/> Digs <input type="checkbox"/> Soils <input type="checkbox"/> General <input type="checkbox"/> Vocal	When: <input type="checkbox"/> Inside <input type="checkbox"/> Anytime <input type="checkbox"/> Outside <input type="checkbox"/> Mostly when left alone <input type="checkbox"/> Both
Which best describes your pet's energy level? <input type="checkbox"/> High energy, needs lots of attention <input type="checkbox"/> Medium energy, easy to handle <input type="checkbox"/> Low energy	
What kind of food do you feed your pet? <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Both <input type="checkbox"/> Other: _____ <i>Brand:</i> _____	
Has your pet ever bitten or tried to bite any of the following? (<i>check all that apply</i>) <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Family Member <input type="checkbox"/> Stranger <input type="checkbox"/> Another dog <input type="checkbox"/> Delivery person/mail carrier	
Has your pet ever been licensed or housed with any animal welfare agency? If so, please provide the agency and identifying/referencing information. _____	