

Pet Personality Profile 2nd Dog:

Dog's Name: _____ Date of birth: _____ Breed: _____

Sex: ___M___F Spayed or Neutered? _____ Weight: _____ Color: _____

Where did you get your dog? _____

Has your dog attended an obedience school? ___yes___no

Do you have other dogs in your family? ___yes___no

How does your dog behave around children? _____

Does anything frighten your dog? ___yes___no If yes, please explain: _____

What does your dog react to strangers coming into your home or yard?

Are there any kinds of people your dog automatically fears or dislikes? _____

Does your dog ever bark or growl? ___yes___no If yes, please explain:

Has your dog ever growled or snapped at someone? ___yes___no If yes, please explain _____

Bitten someone? ___yes___no If yes, please explain: _____

Is your dog protective of food? ___yes___no, Toy protective? ___yes___no

Please check all of the listed behaviors that describe your dogs behaviors: ___barking ___mouthing ___jumping
___going potty in your house ___digging___pacing ___whining ___busy ___quiet
___plays with toys ___plays with other dogs___likes puppies
___fear of loud noises ___becomes anxious when left alone
___urinates when approached ___likes to be brushed
___likes to swim ___likes to retrieve.

Does your dog have any health problems that your aware of, please check all that apply: ___fleas ___allergies
___dermatitis ___hip dysplasia ___deafness ___blindness

Is your dog on any medications? ___yes___no If yes, please list medications and what they are for _____

If your dog needs to be given any medications, The Doggy Depot will properly train all staff members to administer medications to your dog.

By signing your name you or your representative(s) (Sign name) _____agree not to hold The Doggy Depot, Inc. responsible for any adverse affects to your dog as a result of administering required medication while in the care of The Doggy Depot, Inc.