



Inland Valley  
Humane Society  
& S.P.C.A.  
*A home away from home.*

# Pet Guardianship Program

## Dog Personality Profile

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_  Male  Female    Altered:  Yes  No

Where did you get your dog? \_\_\_\_\_

How long have you been his/her guardian? \_\_\_\_\_

What type of food is your dog used to?  Wet only     Dry Only     Wet & Dry

What brand(s) is your dog used to? \_\_\_\_\_

What is your dog's feeding schedule? \_\_\_\_\_

Is your dog accustomed to eating "human food"?  Yes  No

Is there any type of food your dog will not eat? \_\_\_\_\_

When the dog is left alone, is he/she kept inside?  Yes  No

How does he/she react to being left alone for several hours? \_\_\_\_\_

How does the dog behave indoors? \_\_\_\_\_

How long is the dog left alone on a daily basis? (without human companionship?) \_\_\_\_\_

\_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Does the dog let you know when he/she needs to go outside?  Yes  No

If yes, how? \_\_\_\_\_

Is the dog used to being walked on a leash?  Yes  No

Has the dog had any training?  Yes  No If yes, what type? \_\_\_\_\_

Inside the home, is your dog:

Housebroken     Affectionate     Messy     Quiet

Destructive     Playful     Territorial     Loud

Is the dog crate trained?  Yes  No If yes, is he/she still using the crate?  Yes  No

How many hours can the dog stay in the crate? \_\_\_\_\_

When outside, is the dog:

Leashed     Unrestrained     Chained     Let loose in an enclosed area

When left in such an area, this dog will:

Bark continuously     Bark at strangers     Bark at other animals     Jump over the fence

Dig in the yard     Behave well     Other: \_\_\_\_\_

Does your dog suffer from separation anxiety?

Often     Occasional     Rarely     Never

Has the dog ever acted in an aggressive manner?  Yes  No If yes, what were the circumstances?

\_\_\_\_\_

Please provide any additional comments you feel would be helpful for the terms you selected:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog get along with:

Children:  Yes  No  Unknown      Dogs:  Yes  No  Unknown

Cats:  Yes  No  Unknown

Would you describe this dog as:

Family Dog       One-person dog       Good for elderly people

Good for children      Ages of children: \_\_\_\_\_

What is the name & address of the vet clinic that currently provides care for your dog?

\_\_\_\_\_

Is your dog currently experiencing health problems, or had any in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your dog on medication now?  Yes  No If yes, please provide name, dosage, & schedule:

\_\_\_\_\_

Is your dog afraid of anything? (thunder/cars/loud noises/etc.):

\_\_\_\_\_

Does your dog respond to his/her name?  Yes  No

Does he/she like to be groomed?  Yes  No Is the dog used to riding in a car?  Yes  No

Does your dog have any peculiar habits to watch for? \_\_\_\_\_

\_\_\_\_\_

Favorite games/toys \_\_\_\_\_

Has your dog ever bitten anyone?  Yes  No If yes, under what circumstances? \_\_\_\_\_

\_\_\_\_\_

For Office Use Only

Date Enrolled: \_\_\_\_\_

Staff \_\_\_\_\_