



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 _____