



Today's Day & Date: _____
Today's Time: _____
Evaluator: _____

Pet Personality Profile

Dog's Name _____

Pet Information

Breed _____ Color _____ Sex _____
Age _____ Birthdate _____
Is your dog spayed/neutered? _____ When? _____ Where? _____
Veterinarian/Practice _____

General

When did you acquire your dog? _____
If adopted, do you have any knowledge of your dog's history? _____

Are there any other animals in your household? If so, please list type, sex, and age: _____

How do they get along? _____

Have you ever left your dog alone or with unfamiliar people in a new place before? _____

Has your dog ever been to a dog park? _____ How did they behave? _____
Has your dog ever been to dog day camp? _____ Where? _____

Behavior

Does your dog have any physical restrictions while playing? _____
Does your dog have any sensitive areas on their body? _____
Is your dog afraid of any specific items or noises? _____
Are there any kinds of people that your dog automatically fears or dislikes? _____
How does your dog react to puppies? _____
How does your dog react to children? _____
" " " " to strangers? _____
How does your dog react to being crated or confined? _____
Is your dog protective of you, your home or property? _____
Food/Toy Aggressive or Possessive? _____
Has your dog had any formal obedience training? _____ If yes, when and where? _____
What commands does your dog know? _____

Has your dog ever:

Growled at someone? _____ Circumstances? _____
Bitten someone? _____ Circumstances? _____
Has your dog ever been attacked or bitten by another dog? _____
Circumstances? _____

Does your dog have problems in any of the following areas? (If so, please explain)

Yes No If Yes, please explain

	Yes	No	If Yes, please explain
Allergies			
Arthritis/stiff limbs			
Chronic Ear Problems			
Chronic Eye Problems			
Digestive problems			
Heart Condition			
Seizures			
Skin Disorders			
Skin lumps/bumps			
Surgeries			
Thyroid Disorder			
Other Medical Issues			
Chewing			
Digging			
Excessive Barking			
Fears			
Jumping			
Leash Pulling			
Separation Anxiety			
Other Behavioral Issues			

What else would you like to tell us about your dog? _____

Signature of Owner: _____ Date: _____

Day Camp Evaluation Remarks if applicable: _____
