



Naperville Area Humane Society

*A better home. A better life. A better future.*

## **Incoming Canine Personality Profile**

The following questionnaire provides us with information about how this dog behaved in many different circumstances while he/she was living with you. Because this dog is likely to behave in similar ways in a new home, this information will help us to find the most suitable home for this dog and to effectively counsel the new family. Your open and honest answers are necessary and appreciated so that we can process careful and successful adoptions.

By signing below, I certify that the information I am about to provide is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Dog's Name: \_\_\_\_\_

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



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## Incoming Canine Personality Profile

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

**Dog's name** \_\_\_\_\_ **Gender**  Male  Female **Age** \_\_\_\_\_

**Breed/mix** \_\_\_\_\_ **How long have you had this dog?** \_\_\_\_\_

**Is this dog spayed/neutered?**  Yes  No  Unknown

**Where did you get this dog?**

This shelter  Friend/relative  Online  Found stray  Breeder  Pet store

Other shelter/rescue (which one) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**Why are you surrendering this dog?** \_\_\_\_\_

**Including yourself, how many people of the following ages live in your house?**

Age Range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60 +		

**How would you describe your household?**

Active (many guests, parties, children, etc.)  Noisy (loud voices, many voices, loud music/TV, etc.)

Quiet (not many visitors or occupants, family home often)

**Which word(s) are used to best describe this dog's personality?** (check all that apply):

Playful  Rambunctious  Affectionate  Vocal  Couch Potato  Shy  Mellow

Fearful  Outgoing  Gentle  Cuddly  Lap Dog  Friendly  Other: \_\_\_\_\_

\_\_\_\_\_

**What other animals has this dog lived with?**

- No other animals in the household  
  Dogs, male  
  Dogs, female  
  Cats  
 Other \_\_\_\_\_

**Please describe this dog's behavior around other animals in the home. Enter N/A if this does not apply.**

\_\_\_\_\_

\_\_\_\_\_

**Please describe this dog's behavior around children under 10 years of age (e.g., friendly, outgoing, playful, timid, fearful, etc.) Please be specific. If this does not apply, enter N/A.**

\_\_\_\_\_

\_\_\_\_\_

**How does this dog *usually* behave toward the following? (check all that apply)**

	Never Encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
<b>People this dog knows</b>							
Men							
Women							
Children							
<b>Unfamiliar people</b>							
Men							
Women							
Children							
<b>Animals this dog knows</b>							
Dogs							
Cats							
<b>Unfamiliar animals</b>							
Dogs							
Cats							

**Does this dog *usually* uncontrollably chase or attempt to chase any of the following?**

- Runners  
  Bicycles  
  Skateboarders  
  Cars/motorcycles/trucks  
  Outdoor cats  
 Squirrels or other small animals  
 Birds  
 Doesn't chase  
 Other (please describe) \_\_\_\_\_

**How does this dog usually react when you or another family member does the following to him/her?**  
*(check all that apply)*

	Never tried	Enjoys	Tolerates	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Pick up/carry								
Brush								
Bathe								
Wipe feet								
Trim nails								

**How does this dog usually react when an unfamiliar person approaches or enters the yard or house?**  
*(check all that apply)*

- Friendly  Afraid  Barks  Shows teeth/growls  Snaps  Bites  None of these

**Do you have to put this dog in a crate or separate room when visitors come to your house?**

- Yes  No If Yes, why? \_\_\_\_\_

**Do you take this dog out to urinate/defecate?**

- Yes (please specify # of times/day) \_\_\_\_\_  No/paper trained

**Does this dog signal when needing to go outside?**

- Yes  No  Unknown

- If Yes, how? \_\_\_\_\_

**Does this dog usually have house training accidents?**

- Yes (please specify # of times/day) \_\_\_\_\_  No

**Where does this dog spend most of his/her time?**

- Inside the house, runs free  Inside the house, in cage  Outside the house, runs free in neighborhood  
 Outside the house, runs free in yard  Outside the house, in cage  Outside the house, tied  
 Other *(please explain)* \_\_\_\_\_

**How long is this dog left home alone (without people) during the day?**

- Never  1-4 hours  4-7 hours  7-9 hours  9-12 hours  Over 12 hours

**When this dog is left alone with no humans in the home, he/she is:**

- Outside  Free in home  Confined to a room  In a cage  Other \_\_\_\_\_

**When left alone, does this dog usually show any of the following behaviors? *(check all that apply)***

- Destroy household items  Urinate/defecate  Bark/howl  Whine  None of these

**When you are home, does this dog usually show any of the following behaviors? *(check all that apply)***

- Destroy household items  Urinate/defecate  Bark/howl  Whine  None of these

**When this dog plays does he/she typically:** *(check all that apply)*

- Jumps    Growls    Barks    Bites lightly    Bites hard    None of these  
 Other \_\_\_\_\_

**What toys does this dog like?** *(check all that apply)*

- Balls    Frisbee    Plush    Squeaky    Tug toy    Puzzle-type toys specifically for dogs    None  
 Other \_\_\_\_\_

**What games/activities does this dog like?** *(check all that apply)*

- Fetch    Tug    Chase    Wrestling    Long walks    Running    Swimming    None  
 Other \_\_\_\_\_

**What types of touch and interaction does this dog like?** \_\_\_\_\_

\_\_\_\_\_

**What types of touch and interaction does this dog NOT like?** \_\_\_\_\_

\_\_\_\_\_

**Is this dog scared of ...** *(check all that apply)*

- Thunder    Fireworks    Vacuum cleaner    Men    Brooms    Large trucks    Hands    Water  
 Other \_\_\_\_\_

**Please tell us about what you consider to be this dog's "bad habits"** \_\_\_\_\_

\_\_\_\_\_

**Is this dog allowed on furniture?**    Yes    No

**Does this dog have trouble going up or down stairs?**    Yes    No

**Where does this dog usually sleep overnight?**

- Cage    Floor    Dog bed    Couch    Owner's bed    Outside    Anywhere he/she wants  
 Other \_\_\_\_\_

**What commands does this dog know?**

- Sit    Down (lie down)    Stay    Come    Shake (give paw)    Heel    Off    Leave it  
 Other \_\_\_\_\_

**Does this dog respond to his/her name?**    Yes    No

**Has this dog attended any obedience training classes?**    Yes    No

If Yes, please name the trainer and/or organization \_\_\_\_\_

**How well does this dog walk on leash?**

- Well, walks with a loose leash    Pulls slightly    Pulls hard    This dog is not walked on a leash

**If this dog is walked on a leash, is the leash attached to a:**

- Cloth/leather Collar    Harness    Gentle leader/head halter    Prong collar    Choke chain  
 Vibration or shock collar    This dog is not walked on a leash

**Does this dog have problems riding in the car?**

No  Yes (describe) \_\_\_\_\_

**Has this dog escaped from your property two or more times in the last six months?**

No  Yes (describe) \_\_\_\_\_

**Do you think this dog is protective of you or anyone in your family? (Example: does he/she growl, snap, bite or stand in front of you when anyone approaches you?)**

Yes  No  Don't know

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Is there any report of this dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)?**

Yes  No  Unknown

**Has this dog ever attacked another dog resulting in severe injury or death to the other dog?**

Yes  No  Unknown

**Has this dog ever attacked another domesticated animal species (cats or livestock, but not small pets such as hamsters, guinea pigs, etc.) resulting in severe injury or death to the other animal?**

Yes  No  Unknown

**Please check the appropriate box(es) if this dog has ever shown any of the following behaviors toward men, women, children, dog, or other domesticated animal species (cats or livestock, not small pets such as hamsters, guinea pigs, etc.). Do not include behaviors directed toward a veterinarian or groomer.**

	Shows teeth/ growls	Snaps	Bites	None of these	Do not know
Men					
Women					
Children					
Dog					
Cat					

**If a snap or bite to men or women was checked, did the snap or bite to the adult take place while breaking up a dogfight or while the dog was in severe pain?**  Yes  No

**If a snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dogfight or while the dog was in severe pain?**  Yes  No

**If yes, was the child unsupervised?**  Yes  No

**Please explain the circumstances of the snap or bite. If you checked more than one bite, please explain the circumstances of every instance.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If any growl/snap/bite was checked, please answer the following questions. If this does not apply, continue to the next question.**

Was the growl/snap/bite:	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
over dog food in the bowl?						
over human food?						
over bones, rawhides, or chews?						
over toys?						
stolen household objects?						
when the dog was disturbed while sleeping or resting?						
when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning? <i>(Do not include reactions to vet or groomer.)</i> )						
when an adult or child entered the house or yard?						
when an adult or child approached or reached toward dog?						

**Is this dog up to date on vaccinations?**  Yes  No  Unknown

**Please specify the name of the veterinary clinic/hospital where you take this dog:**

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**Has this dog ever shown any of the following of the following behaviors when handled by a veterinarian or groomer? (check all that apply)**

	Never had this done	Shows teeth/growls	Snaps	Bites	None of these	Do not know
Examine (including heart, teeth, and ears)						
Restrain						
Administer vaccinations						
Trim nails						
Draw blood						

**Does this dog have to be muzzled at the veterinarian?**  Yes  No  Unknown

**Does this dog have any past or present medical conditions?**

No  Yes (describe) \_\_\_\_\_

**Is this dog currently on medication or a special diet?**

No  Yes (describe) \_\_\_\_\_

**What type and brand of food does this dog eat? (check all that apply)**

Dry  Wet/canned  Raw diet  I cook for my dog  Table scraps

What brand(s) \_\_\_\_\_

**What time of day is this dog fed?**  a.m.  p.m.  Both a.m. and p.m.

**Please feel free to provide any additional helpful comments/information:**

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