

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

(Staff) Animal ID# \_\_\_\_\_

Dog Profile  
Young-Williams Animal Center

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
Where did you get your dog from?  Friend/relative  Classified/online ad  Pet Store  
 Found  Breeder  Young-Williams  Other Shelter/Rescue (which  
one?) \_\_\_\_\_  Other \_\_\_\_\_

If adopted from other shelter/rescue, have you reached out about return options?  
 Yes  No Response if called: \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Where does your dog spend its time?  Inside only  Outside day/inside night  Outside only  
How is the dog confined inside? \_\_\_\_\_

How is the dog confined while outside? \_\_\_\_\_

Why is dog outside only? \_\_\_\_\_

Are there any types of confinement that don't work/your dog escapes from?  
\_\_\_\_\_

What type(s) of animals has your dog lived with, or spent time with?

Dogs:  Loves!  Likes  Ignores  Doesn't like  Has hurt or killed

Cats:  Loves!  Likes  Ignores  Doesn't like  Has hurt or killed

Other animals \_\_\_\_\_  Loves!  Likes  Ignores  Doesn't like  Has hurt or killed

What did the dog do to show that he/she did not like the other animal?  
\_\_\_\_\_

If dog has hurt or killed another animal, please explain what  
happened. \_\_\_\_\_

Has your dog been around children?  No  Yes, visiting kids  Yes, lived with kids

Would you recommend placing your dog in a home with children?  Yes  No

If so what age range? \_\_\_\_\_

Why? \_\_\_\_\_

Has your dog ever bitten anyone?  No  Yes, date of last bite that broke skin: \_\_\_\_\_

If your dog has bitten someone, please describe in detail what led to your dog biting:  
\_\_\_\_\_  
\_\_\_\_\_

What type of home would your dog do best in?  Very Active  Somewhat active  Calm &  
quiet  Single dog  Live with other dogs  No cats or small animals  Single  
person  Multiple people  Stay at home person  Other: \_\_\_\_\_

What is your dog's favorite thing to do?  
\_\_\_\_\_

Is your dog housetrained? Yes No  Has accidents when left too long  Has accidents regularly

Please check all that apply to your dog:

Needs lots of exercise Afraid of loud noises Escapes Needs training Can't be left alone Scared of strangers Destroys furniture or household items Loves toys  Guards property Guards food or bones Guards toys Guards people  Knows tricks:\_\_\_\_\_

What does the dog do when he/she is showing guarding behaviors? \_\_\_\_\_

Does your dog have any medical issues? No Yes (describe)

Is the pet currently taking any medications? No Yes (describe)

Name of Veterinary Clinic:

Is your dog current on vaccines? Yes No Unsure

Is your dog current on heartworm preventative?

Yes, date given: \_\_\_\_\_ No Unsure

Does your dog have any allergies that you are aware of? No Yes (describe)\_\_\_\_\_

Describe the ideal home for your dog:

Is there anything else you'd like to tell us, or your dog's adopter?

Email this form back to:  
pethelp@young-williams.org