



PROVIDENCE
ANIMAL RESCUE LEAGUE

DOG INTAKE PROFILE FORM

Dog's Name: _____

Age: _____

Breed: _____

Intact or Spayed/Neutered: _____

How long you have owned your dog: _____ Where did you get your dog from? _____

What is the reason for bringing your dog to PARL? _____

Please list any veterinarians your dog may have history with (name and town):

If other than your own, what owner's name would your dog's records be under at the vet?

Has your dog ever needed to be muzzled at the vet? _____

Has your dog ever shown the following behaviors when being restrained? (Please circle)

Shown teeth

Growled

Snapped

Bitten

Not applicable

Has your dog ever shown the following behaviors when getting their nails trimmed? (Please circle)

Shown teeth

Growled

Snapped

Bitten

Not applicable

Has your dog ever shown the following behaviors when getting vaccinated? (Please circle)

Shown teeth

Growled

Snapped

Bitten

Not applicable

What is your dog's current diet? _____

Is your dog picky about any sort of food? _____

Does your dog have any allergies you are aware of? _____

Does your dog take any medications? If so, what are they? _____

Does your dog have any past or present medical concerns? _____

Has your dog been given flea/tick preventative? What kind and when was the last dose given?

Has your dog been given heartworm preventative? What kind and when was the last dose given?

Has your dog been around children? If so, what gender(s) and age(s)?

Does your dog do any of the following with children? (Please circle)

Jump on children Take food from children Protect children from strangers Play with children

Bark at children Growl at children Sleep with children Bite children Sniff children

Has your dog been around both men and women? _____

Has your dog ever shown any of the following with a person? (Please circle)

Growled Snapped at Lunged at Showed teeth
Bit person without drawing blood Bit person with drawing blood

Please list any other dogs your dog has been around. Include the size of the other dogs and if they are a Spayed Female (SF), Neutered Male (NM), Intact Female (F), or Intact Male (M):

Does your dog do any of the following around other dogs? (Please circle)

Jump on Play tug Growl Chase Snap Mouth other dog's body Hump Wrestle
Roll over Playbow Show teeth Gotten pilo-erect (hair standing up on neck or back)
Playgrowl Bitten Bark Take naps Paw Chase Keep to self Kiss Be chased Fetch

Has your dog attended a doggie daycare? If so, what facility? (Name and town)

What activities does your dog seem to enjoy? (Please circle)

Hiking Walking off leash Playing fetch Ripping up soft toys Chewing on bones
Playing tug Swimming Digging Wrestling Snuggling Walking on leash

When playing, does your dog ever do the following? (Please circle)

Jump up on person Put mouth on person Grab person's clothes or leash Not applicable

Does your dog chase any of the following? (Please circle)

Cars Bikes Cats Squirrels (small animals) Birds Other _____

Has your dog ever lived with cats or small animals in a home? Please list they type of animal(s) and how many: _____

Does your dog do any of the following when around a cat or small animal in the home? (Please circle)

Paw Growl Sniff Show teeth Chase
Gotten pilo-erect Jump on Bitten Sleep with Snap

Has your dog ever experienced any of the following training techniques? (please circle)

Treat or Reward based training Electronic Collar training Prong Collar training
Alpha or Dominance based training Clicker training

Does your dog know any commands or tricks? Please list.

Have you ever worked with a trainer? What was his/her name? _____

How does your dog react to strangers when at home? _____

How does your dog react to strangers when out on walks? _____

Is your dog housebroken? If not, how often does your dog have accidents? _____

Is your dog crate trained? If so, when and for how long? _____

Where is your dog when you are home? _____

Where is your dog when you leave the house? _____

How long is your dog left alone daily? _____

Where does your dog normally sleep at night? _____

Does your dog show any of the following behaviors when left alone? (Please circle)

Barking

Crying

Urinating

Defecating

Destroying household items

Has your dog ever destroyed any household items? If so, what were the circumstances?

Is your dog afraid of anything? _____

Has your dog ever run away from you on or off of your property? If so, what were the circumstances?

How does your dog act when riding in the car? _____

Is there anything else you would like us to know about your dog?

Owner's Name (Printed): _____

Date: _____

Owner's Signature: _____