



Complete a profile for each dog to be enrolled at Bayside Pet Resort & Spa. Complete responses assist us in the interview process. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If additional space is required to answer a question add an attachment sheet.

Owner's Name(s): Today's' Date:

1. Profiled Dog Information

If multiple Dog Personality Profiles are being submitted, this is Profile # ____ of ____ (Please also be sure to insert your dog's name at the bottom of each of the following page, thank you!)

Dog's Name: Breed: How long have you owned your dog? Years: Months: Where did you get your dog? If adopted, what knowledge do you have of your dogs past history?

2. General Household Information

a. People in Household

Total # of people living in your household: # of adult males: # of adult females: Male Children: Female Children: How many are there? What are their ages?

b. Other Dogs & Cats in Household

Dogs

Table with columns: Breed, Age, Sex, Spayed or Neutered. Includes question: Do you have cats? Yes No. If yes, how many cats do you have?

3. Health/Grooming

a. How often do you brush or comb your dog's coat? b. How does your dog react to having his/her nails clipped? c. Does your dog like to be brushed? d. Please describe your dog's flea/tick control and prevention program: e. Does your dog have any sensitive areas on his/her body?



3. Health/Grooming (Continued)

f. Does your dog have any allergies? Yes No If yes, please explain:

g. Does your dog have any physical disabilities? Yes No
Please explain disability & cause:

If answered yes, what restrictions need to be placed on your dog's activities or movements?
 No jumping No running No hard play No contact with other dogs Other (Please explain)

h. Does your dog have any pre-existing medical conditions? Yes No If yes, explain:

If answered yes, and medication is used to control the condition provide name and dosage.

i. Provide details of your dog's diet - *type* (kibble, canned, raw/natural):
brand (Science Diet, Iams, Purina, etc):

j. Where are your dog's favorite petting spots?

k. How frequently is your dog walked outside?

l. How long are your walks?

m. Indicate from the following the overall level of exercise that best describes your dog's routine:
 Couch Potato Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
 Mild Exerciser Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
 Moderate Exerciser Long or multiple walks daily and/or regular playtime with human or dogs.
 Athlete Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etcetera.

4. Behavior

a. Relations with people and other animals

1) Indicate from the following the level of dog socialization that best describes your dog's routine:

- None – No knowledge of other dog interaction Minimal – On lead encounters only
- Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etcetera

2) Does your dog like children? Yes No

3) How does your dog behave around children?

4) How does your dog get along with other household animals?

5) Do any visitors bring their dog(s) to your house? Yes No If yes, how do they get along?



6) How does your dog react to a stranger coming into your home or yard?			
7) Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
8) Are there any particular types of people your dog seems to automatically fear or dislike?			
9) Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?			
10) How does your dog react to puppies?			
11) How does your dog react to another dog approaching it in a park or on a walk? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">a. On Leash:</td> <td style="width: 50%; padding: 5px;">b. Off Leash:</td> </tr> </table>		a. On Leash:	b. Off Leash:
a. On Leash:	b. Off Leash:		
12) Does your dog play with other dogs? If yes, please describe size, breed & temperament of the other dogs. a. Male and Females <input type="checkbox"/> Yes <input type="checkbox"/> No b. Only males <input type="checkbox"/> Yes <input type="checkbox"/> No c. Only females <input type="checkbox"/> Yes <input type="checkbox"/> No			
13) What kinds of games does your dog play with other dogs?			
14) What kinds of games does your dog play with people?			
15) Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?			
16) Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">In which room in the house does your dog sleep?</td> <td style="width: 50%; padding: 5px;">Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe) </td> </tr> </table>		In which room in the house does your dog sleep?	Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe)
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4. Behavior - a. Relations with people and other animals (Continued)

17) Has your dog ever jumped up on someone? Yes No If yes, what were the circumstances?

18) Has your dog ever growled at someone? Yes No If yes, what were the circumstances and how did you respond?

19) Has your dog ever bitten someone? Yes No If yes, what were the circumstances and how did you respond?

4b. General behavior

1) To the best of your knowledge, what does your dog do when you're not at home?

2) How does your dog act when you get home at the end of the day?

3) What does your dog do to show he/she is happy?

4) Is your dog allowed on the furniture at home? Yes No

5) Has your dog ever climbed/jumped a fence? Yes No If yes, what were the circumstances?

6) Is your dog frightened by thunderstorms? Yes No If yes, describe typical behavior & what specifically helps your dog's fear.

7) Is your dog frightened by any other noises? Yes No If yes, what noises?

8) Is your dog frightened of or nervous around anything else? Yes No If yes, please explain.

9) Does your dog play with any toys? Yes No If yes, what kinds of toys does your dog like?

10) Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? Yes No If yes, what were the circumstances and how did you respond?

11) Does your dog have any problems in any of the following areas? If yes, please explain.
a) Mouthiness: Yes No b) Houstraining: Yes No c) Barking: Yes No
d) Digging: Yes No e) Ignoring commands: Yes No



4. Behavior -

c. Communication/Training

1) Which commands does your dog know? (please check all that apply)

- Sit Stay Down Come Heel Rollover Kisses High Five
 Other: _____

2) Does your dog know any tricks? If yes, please describe. Yes No

3) What kind of a collar do you use to walk your dog?

- Buckle Nylon/Chain Sliding Ring Harness Head Collar Prong/Pinch

4) Is it effective in keeping them under control? Yes No

5) Does your dog have a command to go to the bathroom? If yes, what is the command?

- Yes No Command: _____

6) Does your dog have a command to be quiet? If yes, what is the command?

- Yes No Command: _____

7) Does your dog respond to any commands on hand signal? If yes, what are the commands?

- Yes No Commands: _____

5. Other

Do you know of any reason that your dog might not like, or be able to use, agility equipment?

Other comments or information about your dog that you feel might be helpful?