DOG ADMISSION PROFILE

Dog’s Name: ____________________________  Dog’s Age: ________________

Dog’s Weight: ______  M or F (circle one)  Is this dog spayed or neutered?  Y  N

Breed: ____________________________  Color: ____________________________

Current Veterinarian: ____________________________  Date of last appointment: ________________

1. How long have you had this dog? ____________________________________________________________

2. Where did you acquire the dog? ____________________________________________________________

3. Why are you unable to keep this dog? ________________________________________________________

4. What is this dog’s behavior and experience with children? _______________________________________

5. What is this dog’s behavior and experience with cats? _________________________________________

6. What is this dog’s behavior and experience with other dogs? _________________________________

7. What is this dog’s behavior and experience with other animals? _________________________________

8. Does this dog have any medical issues? (If yes, please provide details) __________________________

9. Is this dog fearful of anything? (If yes, please provide details) _________________________________

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10. What is this dog’s barking habits? _________________________________________________

11. What are this dog’s eating/feeding habits? _________________________________________________

12. How does this dog react at the veterinarian? _________________________________________________

13. How does this dog react to car rides? _________________________________________________

14. How does this dog react to having a bath, nail trims, brushing or grooming? _________________________________________________

15. What are this dog’s favorite activities? _________________________________________________

16. Does this dog spend time primarily inside, outside or both? _________________________________________________

17. How much time does this dog spend outside? _________________________________________________

18. What do you feed this dog (please specify brand and formulation, i.e. wet, dry, or raw) and how much do you feed per day? _________________________________________________

19. Is there anything else you would like us to know about this dog? _________________________________________________

TO BE FILLED OUT BY ARLGP STAFF WITH OWNER PRESENT. IF OWNER ANSWERS YES PLEASE SEE THE ADDENDUM

1. Has this dog growled, showed teeth, or lunged at anyone or anything? Y N

2. Has this dog ever snapped or bitten anyone? Y N (If yes, please answer questions below)
   a. Did the bite break skin?
   b. Has the dog bitten and broken skin in the last 10 days? Y N

3. Has this dog been destructive to property? Y N

4. Is this dog NOT housetrained? Y N