

Pet Personality Profile

Please complete a profile for each dog to be enrolled in day camp at The Paws Resort & Spa. Complete responses assist us in the interview process. There are no right or wrong answers as all dogs are unique. If additional space is required to answer a question, feel free to attach additional pages as needed.

Pet Parent's Name(s):	Date:
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1. Profiled Dog Information

*If multiple Pet Personality Profiles are being submitted, this is **Profile #** _____ **of** _____*

Dog's Name:	Dog's Age:	Breed:
How long has your dog lived with you? Years: Months:		
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found as Stray <input type="checkbox"/> Other _____	If adopted, please share what you know about your dog's history.	

2. General Household Information

Total # of People Living in Your Household:		# of Adult Males:		# of Adult Females:	
# of Male Children:	Ages?	# of Female Children:	Ages?		
Dogs – Breed in Household	Age	Sex		Spayed or Neutered	
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?	
d. Please describe your dog's flea/tick control and prevention program.	

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e. Does your dog have any sensitive areas on his/her body? Yes No If yes, where?

3. Health/Grooming (Continued)

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

g. Does your dog have any physical disabilities? Yes No

If yes, please explain disability & cause.

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 existing medical conditions? Yes No

If yes, please explain and list medication name and dosage, if any, used to control the condition.

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

j. What are the parts of your dog's body that he/she enjoys being petted the most?

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.

- | | |
|---------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Couch Potato | Spends days sleeping, occasional walks and/or playtime with humans or other dogs. |
| <input type="checkbox"/> Mild Exerciser | Spends days outdoors, short daily walks and/or regular playtime with human or other dogs. |
| <input type="checkbox"/> Moderate Exerciser | Long or multiple walks daily and/or regular playtime with human or dogs. |
| <input type="checkbox"/> Athlete | Regular jogs/runs and/or regular participation in a dog sport such as agility or hunting |

4. Relations with People and Other Animals

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

- | | |
|------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> None | No knowledge of other dog interaction |
| <input type="checkbox"/> Minimal | On lead encounters only |
| <input type="checkbox"/> Moderate | Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s) |
| <input type="checkbox"/> Extensive | Regular visits to dog social events, off lead dog parks, dog daycare, etc. |

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b) Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) How does your dog behave around children?	d) How does your dog get along with other household pets?

4. Relations with People and Other Animals (Continued)

e) Do any visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?
f) How does your dog react to a stranger coming into your home or yard?
g) 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.
h) Are there any particular types of people your dog seems to automatically fear or dislike?
i) Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?
j) How does your dog react to puppies?
k) How does your dog react to another dog approaching it in a park, at the beach or on a walk? a. On Leash: b. Off Leash:
l) 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
m) What kinds of games does your dog play with other dogs?

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n) What kinds of games does your dog play with people?

o) Has your dog ever shared his/her food or toys with other animals? Yes No
If yes, how does your dog react to another dog approaching his/her food or toys?

4. Relations with People and Other Animals (Continued)

p) Where does your dog sleep? Inside the House Outside the House Inside/Outside, Varies In
which room in the house does your dog sleep? Where in the room does your dog sleep?
 Crate Parent's bed Dog Cushion/Bed on Floor
 Other (*Please describe*)

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

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

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

5. General Behavior

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

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

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

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

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

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

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

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

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

5. General Behavior (Continued)

j) 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?

k) Does your dog have any problems in any of the following areas? If yes, please explain.

- a) Mouthiness Yes No b) Housetraining Yes No c) Barking Yes No
d) Digging Yes No e) Ignoring Commands Yes No

6. Communication & Training

a. Which commands does your dog know? (Please check all that apply.)

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

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

c. What kind of a collar do you use to walk your dog?

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

d. Is it effective in keeping him/her under control? Yes No

e. Does your dog have a command to go to the bathroom? Yes No
If yes, what is the command?

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f. Does your dog have a command to be quiet? Yes No

If yes, what is the command?

g. Does your dog respond to any commands on hand signal? Yes No If

yes, what are the commands?

h. Is your dog crate trained? Yes No

7. Other

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