

Canine Profile

Patriot Assistance Dogs

The information on this form is used in matching the dog with a suitable handler. Please answer all questions as accurately and honestly as possible.

Dog's Name _____ Dog's ID # _____ Date _____

Personality

1. Strongest personality(ies): Friendly___ Outgoing___ Shy___ Playful___ Mellow___ Active___ Loud___ Quiet___
2. Please give your overall impression of the dog's personality. Additional information to add or discuss in detail?

3. Does this dog get along well with the following:

Male dogs: Yes___ No___ Unsure___ Children: Yes___ No___ Unsure___
Female dogs: Yes___ No___ Unsure___ Cats: Yes___ No___ Unsure___
Large dogs: Yes___ No___ Unsure___ Strangers: Yes___ No___ Unsure___
Small dogs: Yes___ No___ Unsure___

If no, please describe the dog's behavior: _____

4. When does the dog bark? _____ Is barking excessive? Yes___ No___
5. When does the dog whine? _____ Is whining excessive? Yes___ No___
6. Has the dog ever shown aggression (growling, snarling, lip curling, biting) towards the following:
Another animal: Yes___ No___ If yes, when? _____
Humans: Yes___ No___ If yes, when? _____

7. Does (s)he prefer to be (please explain if necessary):

___ As close as (s)he can get to you; on your lap? Details: _____

___ Next to or close to you? Details: _____

___ At a distance; likes its space? Details: _____

Activities

8. Dog's temperament when in the kennel (check all that apply):

___ Calm _____ Quiet, hardly ever barks
___ Moderate activity _____ Moderate barking
___ High activity (paces, circles around) _____ Excessive Barking

9. Any noticeable inappropriate chewing? Yes___ No___ If yes, was the dog unsupervised? Yes___ No___

10. Rides well in the car? Yes___ No___ Never tried___

11. Enjoys these games/toys/activities: _____

12. Please describe any situations that trigger uncomfortable responses from the dog; how does (s)he react? _____

13. What are the dog's signs of stress? _____

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Health

14. What areas of health care does this dog enjoy or tolerate (check all that apply; circle "U" if unsure)?

Grooming U Nail Trimming U
 Brushing U Ear Cleaning U
 Bathing U Teeth Brushing U

15. Are there certain areas on the dog's body that (s)he does not like to be touched? Yes___ No___

If yes, please explain: _____

16. Does the dog tolerate being hugged/restrained? Yes___ No___

17. Does this dog currently have any health problems or concerns that you're aware of? Yes___ No___

If yes, please explain: _____

Feeding Information

18. What brand of food does this dog eat? _____ Dry Food/ Wet Food/ Both

19. How many times per day does the dog eat? 1___ 2___ 3___ Free fed___ Quantity: _____

20. How often does the dog receive treats? Daily___ Occasionally___ Rarely___ Never___

21. Any irregular bowel changes due to treats? _____

22. Special dietary needs or concerns: _____

Training

23. Potty trained? Yes___ No___ Unsure___ House trained? Yes___ No___ Unsure___

24. Dog's signals of needing a potty break: _____

25. Describe the dog's leash obedience(Focused? Tugging? Unsteady?): _____

26. Commands mastered (check all that apply):

Sit Come Fetch Nudge Off
 Stay Heel Play dead Touch Close
 Lay down Swing Shake Cuddle Watch Me
 Other _____

27. Levels of training obtained/worked on: _____

28. Recommended training for this dog: _____

29. Additional comments: _____