



Office Use Only

Animal #: _____

Program Entrance Date: _____

Staff: _____

Canine Facilitated Adoption Profile

Owner's Name: _____

Date: _____

Address:

Phone Number

E-mail:

Dog's name: _____ Does he/she respond to his/hers name: Yes No

Reason for Re-homing: _____

1. How old is your dog? _____ 2. How long have you had your dog? _____

3. Your dog's sex: Male Female 4. Is your dog spayed/neutered? Yes No

5. What is your dog's breed?: _____

6. How did you acquire your dog?: Pet Store Friend Newspaper/Internet Stray Breeder: _____
 Shelter/Rescue _____ Other _____

7. How old was your dog when you acquired him/her?: _____

8. What is your dog accustomed to eating? Free fed (left out all day) Once/day Twice/day

9. What kind of food do you feed your dog?: Only dry Only canned Mix of dry/canned Special diet
Brand of food: _____

10. How many people live in the home: _____ Adult Female _____ Adult Male
_____ Female children _____ Male children

Indoor/Outdoor Habits

11. My dog is used to living in a(n): Apartment/condo House with no/small yard House with large yard
 Farm or rural property

In your opinion would your dog do well living in an apartment?

12. My dog is house trained: Yes No Sometimes

13. How does your dog let you know he/she needs to go out?: _____

14. When I'm home, my dog is kept: Indoors Outdoors Both

15. When my dog is outside, he/she is: Tied up Loose in yard

16. When I'm not home, my dog is kept: In a crate Isolated to a room/basement Loose in the house
 Tied up Outside Depends on weather

Comments: _____

Temperament and Personality

Vet Visits

17. At the vet, my dog reacts: Well Aggressive Nervous Never taken to the vet

Children

18. My dog is used to: Living with children Visiting with children Has never had contact

19. My dog is used to children aged: 0-3 4-6 7-10 10 +

20. My dog: Enjoys being with children Tolerates children Is nervous of children Is aggressive toward children

In your opinion would your dog do well living with children?

Other Dogs

21. My dogs is used to: Living with other dogs Visiting other dogs Has never had contact

22. My dog: Enjoys being with other dogs Tolerates other dogs Is nervous of other dogs Is aggressive

Gets very excited around other dogs

In your opinion would your dog do well living with other dogs?

Comments: _____

Cats

23. My dog is used to: Living with cats Visiting with cats Has never had contact

24. My dog: Enjoys being with cats Tolerates cats Is nervous of cats Is aggressive with cats

In your opinion would your dog do well living with cats?

Strangers

25. Around women my dog does not know, he/she is: Friendly Nervous Aggressive

26. Around men my dog does not know, he/she is: Friendly Nervous Aggressive

Visitors

27. When meeting new people inside my home, my dog is: Friendly Nervous Fearful Aggressive

Comments: _____

New Environments

28. In unfamiliar environments, my dog: Friendly Nervous Fearful Aggressive

Comments: _____

My dog is afraid of: _____

Me and My Dog

29. I can hug my dog: Always Sometimes Never Have not tried

30. I can brush my dog: Always Sometimes Never Have not tried Only groomer does it

31. I can trim my dog's nails: Always Sometimes Never Have not tried Only groomer can

Car Rides

32. When driving in the car, my dog is: Enjoying the ride Nervous Gets car sick Aggression

Comments: _____

Training

33. On a leash my dog: Walks beside me Walks ahead Walks behind me Pulls a little Pulls a lot

34. My dog is obedient: Always Sometimes Never

35. My dog has been to: Obedience Training Protection Training Other: _____

If so, where?: _____

36. My dog completed the classes: If so, when? As a puppy As an adult

When left alone

37. My dog is used to being alone: Everyday Sometimes Rarely Never

38. On average, how many hours a day is your dog left alone?: _____

39. When left alone, my dog is:

Quiet and Calm: _____

Vocal: _____

Destructive: _____

Will have accidents: _____

All of above: _____

Exercise

40. My dog gets _____ walks a day; for _____ minutes each time

41. Who walks the dog?: Myself My partner Children A hired walker

42. What type of collar is used? Flat Choke Martingale Head halter Muzzle

Comments: _____

In-House Habits

43. When it comes to furniture, my dog is: Allowed on all furniture Allowed on some furniture

Not allowed on furniture Allowed on his/her own bed

44. When I try to remove my dog from the furniture he/she: Allows me to Will sometimes allow me to

Will growl Will snap or bite

45. At night, my dog sleeps in my bed: Always Sometimes Never Sleeps in his/her own bed

Comments: _____

The following information is very important for us to find a new home for your dog, so please take your time when answering the following questions:

46. Has your dog ever shown any kind of aggression, such as growling, snapping, lunging, biting, etc?

Yes No

If yes, when and what was the cause (if known)? Please describe:

47. How have you been dealing with these behavior issues so far?:

48. Has your dog ever successfully bitten any one or another animal?: Yes No

If yes, was the incident reported to Animal Control?: Yes No

If yes, please describe what happened:

49. Is there anything other information about your dog that you feel is important for us to know? In order to match your dog to an appropriate adopter, please provide as much information as possible:

Medical

Has your dog ever been to a vet? Yes No

Has your dog been vaccinated? Yes No When? _____

What is the name of the vet clinic used? _____

Has your dog had any medical concerns in the past? Yes No If yes, please describe: _____

Does your dog currently have any medical issues? Yes No If yes, please describe: _____

Has your dog ever been on medication? Yes No

What type of medication? _____

Is your dog currently on medication? Yes No If yes, what medication? _____

Has your dog ever had any adverse reactions to medication or vaccines? Yes No

If yes, which medication/vaccine, and what were the effects? _____

Have you recently noticed any of the following?

- Changes in water consumption or urination
 - Sneezing
 - Coughing
 - Vomiting
 - Diarrhea
 - Seizures
 - Difficulty urinating
 - Bad breath
 - Any dental concerns (e.g. gagging, drooling, red gums)
 - Other:
-
-



FACILITATED ADOPTION ANIMAL BEHAVIOUR SUMMARY

To be shared with adopters, please do not include personal information

Date: _____

Pet's name: _____ **Does he/she respond to his/hers name:** Yes No

Diet

4. What kind of food do you feed your pet?: Only dry Only canned Mix of dry/canned Special diet
Brand of food: _____

Frequency and amount of food fed: _____

5. What else does your pet eat? (Table scraps, treats, etc.) _____

Indoor/Outdoor Habits

6. My pet is used to living in a(n): Apartment/condo House with no/small yard House with large yard
 Farm or rural property

7. My pet is house or litter trained: Yes No Sometimes

Comments: _____

8. On average, how many hours a day is your pet left alone?: _____

9. My pet gets _____ walks a day; for _____ minutes each time

10. When I'm not home, my pet is kept: In a crate Isolated to a room/basement Loose in the house
 Outdoors

Comments: _____

11. When it comes to furniture, my pet is: Allowed on all furniture Allowed on some furniture
 Not allowed on furniture Allowed on his/her own bed

Comments: _____

Training/Behaviour notes

12. My pet knows the following commands and has the following training:

13. Behaviour concerns

Current behavior issues: _____

How have you been dealing with these behavior issues so far?:

Current behavior issues: _____

How have you been dealing with these behavior issues so far?:

14. Is there anything other information about your pet that you feel is important for their adopters to know?
