



The Advocate for Animals
SINCE 1867

Date: _____

Guardian Surrender Future Care Program Pet Profile Form - Dog

The PSPCA's Guardian Surrender Future Care Program gives you peace of mind that your beloved pet will be cared for and loved. The PSPCA selects a new home based on the pet profile form you provide. Our professional adoption counselors will use your detailed pet profile form to match your pet with an adopter who is best suited to meet your pet's physical and psychological needs. Please take a moment to fill out the Pet Profile Form completely and as accurately as possible. By answering the following questions in detail, you'll assist us in placing your dog into an appropriately-matched home. Thank you.

Part 1: Description

Dog's Name: _____ Age: _____ Est. Birthdate: _____

Breed/s: _____ Color/Markings: _____

A# (if known): _____ Sex: _____ Neutered/Spayed? Yes No

How long has your dog lived with you? _____

Are you the first owner? Yes No

Where did you originally obtain your dog? _____

Have you tried re-homing with family/friends? Yes No

Explain: _____



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Part 2: Personality

Is your dog housetrained? Yes No Is your dog crate-trained? Yes No

Has your dog been trained? Sit Down Stay Come Other _____

Where is your dog kept during the day? Loose in house Confined in area in house Crated Garage

Fenced yard Tied out Other _____

Where does your dog sleep at night? Loose in house Confined in area in house Crated Garage

Fenced yard Tied out Other _____

Average daily time your dog is left alone: 0-2 hours 2-4 hours 4-8 hours More than 8 hours

Part 2: Personality Continued

What does the dog do when left alone? Barks Chews/destroys things Relieves himself Seems fine

Does your dog escape repeatedly? Yes No

If yes, how? Digs out Jumps fence Darts out the door/gate Other _____

Describe your household: Active Noisy Quiet Average

What ages of people lived with your dog? Adults Seniors Teens Children Infants

Describe your dog? Active Playful Hyper Lazy Affectionate Shy Needy (separation anxiety)

Vocal Independent Aloof Destructive Protective Well-behaved Other _____

How is your dog with children? Friendly Playful Tolerant Afraid Shy Snappy Aggressive N/A

Comments: _____

How is the dog with strangers in the home? Friendly Playful Tolerant Afraid Shy Snappy Aggressive N/A

Comments: _____

How is your dog outside the home? Friendly Playful Tolerant Afraid Shy Snappy Aggressive N/A

Comments: _____

Is your dog afraid of: Men Women Children Thunder Fireworks Brooms Water Bicycles

People in uniform Dogs Other _____

Does your dog guard his: Food Chewies/Bones Toys Space Shy Other _____



The dog is accustomed to: **Bathing** **Brushing** **Nail trims** **Ear Cleaning** **Teeth Brushing** **Car Rides**

Has your dog lived with other animals? **Yes** **No**

If yes, which? **Dogs** **Cats** **Birds** **Other** _____

Does your dog get along with other animals? **Yes** **No**

If yes, which? **Dogs** **Cats** **Birds** **Other** _____

Has your dog ever shown any aggression to a person? **Yes** **No**

Explain: _____

Has your dog ever bitten anyone? **Yes** **No**

Explain: _____

Part 2: Personality Continued

Dogs favorite activity or game: _____

Does your dog have any behavior quirks that the next owner should know? **Yes** **No**

Explain: _____

What would you like the next owner to know about your dog? _____

Is there anything else you would like us to know about your dog? _____



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Part 3: Medical Information

Has your dog been to a vet? **Yes** **No** If yes, when was the last time? _____

Has the dog ever had medical problems?: **Yes** **No** If yes, explain: _____

Current Vet: _____ Phone: _____

Address: _____

Can you provide us with health records: **Yes** **No** Is your dog current on vaccinations?: **Yes** **No** **Unsure**

Is your dog current on heartworm preventative medicine? **Yes** **No** **Unsure**

Is your dog current on flea/tick preventative medicine? **Yes** **No** **Unsure**

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

Has your dog ever been given a sedative /placed on anti-anxiety or anti-depression medication?: **Yes** **No** **Unsure**

If yes, which one(s): _____

Part 4: Dietary Information

Brand of food: _____ Canned: **Yes** **No** Dry? **Yes** **No** How many meals per day? _____

Is your dog on a special diet: **Yes** **No** If yes, what and why? _____