



Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his or her new home, this information will help us find the most suitable home for your dog and effectively counsel the new family. Your honest and complete answers are necessary and appreciated.

By signing below, I certify that the information I am about to provide is accurate and complete to the best of my knowledge.

Signature: _____ Date _____

☐ By selecting this checkbox, I am signing this form electronically, and I agree that my electronic signature is the legal equivalent of my handwritten signature.

Print Name_____

Address_____

Phone Number _____ Email Address _____

Pet's Name_____

Dog's Name: _____ Age or Birthday: _____ Owned for how long? _____

Sex: ☐ male ☐ female Spayed/Neutered: ☐ yes ☐ no ☐ unknown

Microchipped: ☐ yes ☐ no ☐ unknown Chip # (please check medical records): _____

Where did you get this dog?

☐ found ☐ family member ☐ friend ☐ online ☐ pet store ☐ shelter ☐ rescue ☐ breeder ☐ other

Please specify name of shelter/rescue/breeder/other: _____

Did you reach out to return? Please include the date you reached out and who you spoke to.

Reason(s) for surrendering? _____

MEDICAL

Dog's Weight: ☐ Under 24 lbs. ☐ 25-44 lbs. ☐ 45-80 lbs. ☐ 80+ lbs.

Has the dog been to a vet in the last 12 months? ☐ yes ☐ no Date the dog last seen by a vet? _____

Name/number of vet: _____

Is the dog current on vaccinations? ☐ yes ☐ no

Does the dog currently have any medical issues? ☐ yes ☐ no

☐ allergies(food) ☐ allergies (environment) ☐ injury (new/acute) ☐ injury (chronic) ☐ illness

Describe all condition(s): _____

Has the dog had any serious illnesses or injuries in the past? ☐ yes ☐ no List conditions: _____

Is the dog currently taking any medication? ☐ yes ☐ no

List medications: _____

Has the dog ever been diagnosed and medicated for behavior? ☐ general anxiety ☐ separation anxiety ☐ other

Describe condition(s): _____

Is the dog currently on any special diet? ☐ yes ☐ no Describe diet: _____

Does the dog need to be muzzled or medicated for vet visits? ☐ yes-muzzle ☐ yes-meds ☐ no ☐ unknown

Additional Comments on Medical Needs and/or Issues: _____

Are there any caution spots on the dog's body where it is sensitive to being touched/handled? (check all that apply)

☐ ears ☐ head ☐ mouth/teeth ☐ paws ☐ tail ☐ hips ☐ other _____

Who is able to touch/groom/clean the dog's ears, teeth, paws? To do nail trims? (check all that apply)

☐ primary owner ☐ all-family ☐ some-family ☐ strangers ☐ groomers ☐ vet staff

BEHAVIOR

List behavior issues the dog has exhibited in the past year *(check all that apply)*

- ☐ potty accidents ☐ jumping ☐ leash manners ☐ barking/whining ☐ chewing/destroying ☐ growling
☐ biting (people, dogs, other) ☐ dog-dog reactivity ☐ general anxiety ☐ separation anxiety ☐ generally fearful
☐ general aggression ☐ food aggression ☐ dog aggression ☐ other aggression ☐ grooming issues ☐ vet issues

Can you describe the dog's toy-interest? *(check all that apply)*

- ☐ all toys - all the time ☐ all toys - some of the time ☐ some toys are fun ☐ only a few favorites ☐ low/no interest
☐ plays with toy by self ☐ shares toys with people ☐ share toys with other dogs ☐ destroys/de-squeaks ☐ hides toys

Favorite Toys: _____

Can you describe the dog's food-interest? *(check all that apply)*

- ☐ will eat all food, anytime ☐ enjoys all treats ☐ some treats are tasty ☐ picky eater ☐ GI issues ☐ prescription diet

Favorite Food/Treats: _____

In the past year, has the dog swallowed something "not" food and then vomited or defecated it? ☐ Yes ☐ No

If yes, please describe: _____

Does the dog guard any of the following? *(check all that apply)*

- ☐ toys ☐ food ☐ bed/crate ☐ people ☐ location ☐ other: _____ ☐ no guarding observed

What does guarding look like? ☐ freezes ☐ growls ☐ shows teeth ☐ snaps-at ☐ has bitten ☐ lunges

What accommodations have been made for this guarding? _____

How would you describe the dog's overall response to "new" unknown dogs? *(check all that apply)*

- ☐ all dogs are friends ☐ selective dog-friend group ☐ ignores ☐ fearful / avoids dogs ☐ defensive ☐ unknown

How would you describe the dog's greetings with all dogs? *(check all that apply)*

- ☐ pulls-to-meet ☐ ignores ☐ barks at ☐ hackles ☐ tail wags ☐ lunges ☐ jumps-on ☐ needs to warm up
☐ stiff/freezes ☐ runs away/avoids ☐ growls ☐ snaps-at ☐ has bitten ☐ other: _____

Describe the last time the dog played with another dog: _____

How would you describe the dog's activity level? *(check all that apply)*

HIGH: ☐ has no OFF switch ☐ needs a dog park ☐ needs training ☐ 3+ miles/day ☐ escape artist

MODERATE: ☐ multiple walks/day ☐ short walks ☐ yard playtime

LOW: ☐ couch potato ☐ injury affects activity ☐ work schedule limits activity

How would you describe the dog meeting "new" unknown people? *(check all that apply)*

- ☐ all people are friends ☐ prefers known people ☐ prefers family-only ☐ dog removed from greeting-situations

☐ needs to warm up ☐ gentle ☐ barks-at ☐ jumpy ☐ stiff/freezes ☐ runs away/avoids ☐ growls ☐ snaps-at

Describe the dog greeting people in the home (warm-up time or accommodation): _____

Does the dog struggle with the following activities? *(check all that apply)*

☐ grooming at-home ☐ pro-grooming ☐ going to the vet ☐ car rides ☐ daily walks ☐ using stairs

Does the dog need accommodation for professional grooming visits? ☐ yes-muzzle ☐ yes-meds ☐ no ☐ unknown

Is the dog afraid of: *(check all that apply)* ☐ loud noises ☐ restraint ☐ deliveries ☐ car rides

Please list any other struggles for the dog: _____

Has this dog bitten a person? ☐ yes ☐ no

If yes, how many times? _____ When was the most recent time? _____

Did this dog bite and break skin? ☐ yes ☐ no

If yes, describe injury: _____

What do you believe led to this bite incident? _____

Did this bite require medical attention? ☐ yes ☐ no

Did this dog bite and break skin multiple times in one incident? ☐ yes ☐ no

Has this dog injured a person?

If yes, describe injury: _____

What do you believe led to this injury? _____

Did this injury require medical attention? ☐ yes ☐ no

Has this dog bitten another animal? ☐ yes ☐ no

If yes, how many times? _____

When was the most recent time? _____

Did this dog bite and break skin? ☐ yes ☐ no

Was this injury fatal or require extensive veterinary care? ☐ yes ☐ no

What do you believe led to this bite and/or injury to an animal? _____

Has this dog ever been reported to the Animal Protection Police/Animal Control? ☐ yes ☐ no

When/Why/Where? _____

Has this dog ever been deemed dangerous or vicious **in court?** ☐ yes ☐ no

HOME ENVIRONMENT

How many people reside in the home? _____ Current ages of children under 18: _____

Describe the home: ☐ apartment/condo ☐ townhouse ☐ single family home ☐ temporary housing

Where was the dog usually kept? ☐ loose in home ☐ crate ☐ one room ☐ basement ☐ garage ☐ yard ☐ pen

Describe the dog's bathroom breaks: ☐ yard ☐ taken for walks ☐ used puppy pads ☐ access to dog door

How often did the dog need to be let out for bathroom breaks? _____

How often did the dog have accidents in the home? _____

How many hours was the dog left alone each day? (average) ☐ 0-1 hours ☐ 1-3 hours ☐ 4-6 hours ☐ 8+ hours

What does the dog do when left alone? _____

Did the dog live with other animals? ☐ yes ☐ no If yes, what species? _____

Are you surrendering the dog with another animal? ☐ yes ☐ no Names of other surrendered animals: _____

Are they bonded? ☐ yes ☐ no If yes, what behaviors indicate this? _____

How does the dog react to cats, small animals, birds, and/or squirrels? (check all that apply):

- ☐ positive/friendly ☐ pulls-to ☐ ignores ☐ barks at ☐ chases ☐ tail wags ☐ jumps-on ☐ lunges
☐ avoids ☐ fearful ☐ escapes/runs away ☐ has injured ☐ has bitten ☐ has killed

Does the dog enjoy (check all that apply):

- ☐ walks ☐ being home alone ☐ car rides ☐ fetch ☐ digging ☐ quiet time ☐ running /hiking
☐ training ☐ dog parks ☐ dog day-care ☐ dog sitter ☐ playing with toys ☐ tug
☐ destroying toys ☐ chewing bones ☐ water/swimming

Would you describe the dog as (check all that apply):

- ☐ lap loving ☐ people-social ☐ dog-social ☐ mellow ☐ curious ☐ active ☐ playful ☐ vocal
☐ appeasing ☐ fearful ☐ protective ☐ gentle ☐ snuggly ☐ aloof ☐ independent

What are the dog's best qualities? _____

What are the dog's most challenging qualities? _____

List any additional behavioral issues: _____

Additional comments on home environment? _____

Fairfax County Animal Shelter Disclosure of Known Bite History

In accordance with VA code section §3.2-6509.1, the shelter is required upon intake of a dog or cat to ask and document whether, if known, the dog or cat has bitten another person or other animal and the circumstances and date of such bite.

The information captured below pertains to the time before the animal was in the custody of the Fairfax County Animal Shelter.

To your knowledge, has this dog or cat ever bitten a person? ☐ Yes ☐ No
If yes, please list the date(s) and circumstances below. If not, write N/A.

To your knowledge, has this dog or cat ever bitten another animal? ☐ Yes ☐ No
If yes, please list the date(s) and circumstances below. If not, write N/A.

I certify that the above information is true.

Signature: _____ Date: _____

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