

About Me!

Date: _____

This is a profile about your pet that gives Griffin Pond Animal Shelter the information to ensure we find the best match, foster, or adopter for your pet. This information is vital in making sure your pet goes to a home that fits this pet's unique personality. Every pet is different and the Griffin Pond Animal Shelter tries to find homes that would best fit the pet's personality. With this information, this allows us to find those homes quicker and shortens a pet's length of stay in a shelter!

General Information

Dog's Name: _____ How long have you had the pet: _____

What is your reason for rehoming/returning the pet?:

Where did you get your pet from?: GPAS Breeder Pet Store Family/Friends/Neighbor
 Stray that you kept Stranger/Social Media Adopt-A-Pet/PetFinder
 Other Shelter: _____ Other: _____

Medical

Please list the vets that your pet has been to:

Is your dog on a special diet? Yes No

If yes, please list your pet's special diet:

Does your pet have any health concerns? Yes No

If yes, please list your pet's health concerns:

Does your dog have to be muzzled at the veterinarian? Yes No

In The Home

Where does your dog spend most of his/her time? (Please check all that applies):

- Inside the house, roam free
- Inside the house, in cage
- Outside the house, roam free in the neighborhood
- Outside the house, runs free in the yard
- Outside the house, in cage or pen
- Outside, tied

If both how long does your pet stay outdoors?: _____ Indoors?: _____

How was the pet kept when you were not home? Free Roamed the house Outside in yard
 Outside in pen Crated

How many hours a day was the pet usually unattended to? _____

How did the Pet do when left alone? (Break out of crate? Tear up anything? Etc.):

If the pet likes toys, what toys are his favorites? _____

If another pet or person took a toy away from your pet how would the pet react?

How does the pet react to strangers coming to the door or into the house?

Is your dog allowed on furniture? Yes No

Where does your dog usually sleep overnight? Cage Floor Dog bed Couch

Owner's bed Other: _____

Outside The Home

While in the car is the Pet: Free Roaming Crated Other: _____

How does the Pet do in the car? (Just lay down? look out the window? Panting?

Etc.): _____

Please describe how the pet does on leash (Pull, walk beside, curious

etc.): _____

Was the Pet ever free-roaming, (like in a fenced in yard or park) No Yes:

If yes, what did the Pet do?:

How does the pet react to strangers outside of the home?:

Training/Play Preferences

Does your dog have any training experience?: Yes No

Is the Pet Housebroken? Yes Still training No

What cues does the Pet know? (Sit, Lay Shake, etc.):

How did you teach them these cues?:

What treats are your pet's favorite?:

How does your pet show affection/ ask for affection?:

What games does your dog like? Fetch Tug Chase Wrestling None Other (Please describe):

What is your dog's Play style? Please go into detail:

Please go into detail how your pet initiates play time? (Do they grab a toy, Stare at you, run back and forth, etc.):

When does your pet initiate play time? (After dinner, when you first get home, before bed, ec.):

Has your pet played with a dog outside the home? No Yes:

If yes, how did your pet play?:

General Behavior

Please check what your pet has been around: Children Other Dogs Cats

If children were checked:

- Please describe how the pet reacted with them?

- What were the children ages? _____

If other dogs were checked:

- Please describe how the pet reacted with them?

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- What were the other dogs ages?: _____
 - How did they meet? (check all that apply) On leash Through barrier Off leash
 - Please check what size dogs they were: Large Medium Small Micro

- Has your dog ever got into an altercation with another dog? Yes No
- Please describe the altercation(s)?

- How does your pet react when sharing food with another dog?:

- How does your pet react when sharing toys with another dog?:

- How does your pet react when they see another dog while walking on leash?

If other cats were checked:

- Please describe how the pet reacted with them?

- What were the cats ages?:

- How did the cats react to the dog? (Stay their distance, Hiss/swatt, Cuddle, etc):

Has your pet ever bitten anyone before? Yes (people) Yes (Other pets) Yes (Both) No

If the answer is yes, how many times has your pet bitten? _____

Please go into detail of each situation that occurred that caused your pet to do this. Also please give the dates that each bite has occurred (if you do not remember when month is okay):

Has your pet ever: Bared Teeth Growled Lunged Snapped

If your pet has done anything that is listed please go into detail of the situation that occurred that caused your pet to do this:

Pet's Name: _____ Date: _____ In PetPoint? _____ Staff Initials: _____