



CACC DOG BEHAVIOR PROFILE

Dog's Name: _____

Breed: _____

Gender: Male Female Unsure

Spay/Neutered? Yes No Unsure

Current Age: _____

About your Dog's History

Has your dog bitten or scratched anyone in the last 10 days?..... Yes No Unsure

Has your dog ever bitten someone and broken skin?..... Yes No Unsure

Date of last bite (if applicable): _____

If yes, please describe the circumstances surrounding the bite: _____

How old was your dog when you obtained him? _____

From where did you obtain the dog? *(please circle)*

Found/Stray

Previous Owner

Rescue Group/Shelter

Breeder

Bred at home

Pet Store

Has your dog ever shown any of the following behaviors? *(please circle)*

Barring Teeth

Lunging

Nipping

Snapping

Aggression

None

About your Dog's Habits

Where does your dog spend most of his day? _____

How many hours per day is your dog alone? _____

Where does your dog spend the night? _____

What is your dog's exercise routine? _____

Housetraining

Is your dog housetrained? Yes No Unsure

Under what circumstances might your dog have an accident? _____

Has your dog been through any obedience training? Yes No Unsure

What commands does your dog know?..... _____

What language?..... _____

Has your dog ever been introduced to a crate? Yes No Unsure

Has your dog ever escaped from your yard or your house?..... Yes No Unsure

If yes, please explain the circumstance: _____

Feeding

What brand/type of dog food does your dog eat? _____

How much do you feed your dog? _____

How often do you feed your dog? _____

Placement

Would you recommend your dog be placed in a home with children? Yes No Unsure

If yes, what ages? _____

Would you recommend your dog be placed in a home with other animals? Yes No Unsure

If yes, please circle all that apply:

Cats Only

Dogs Only

Both Dogs & Cats

Rodents

Birds

Small Animals

Has your dog ever lived with other animals?..... Yes No Unsure

If yes, please circle all that apply

Cats Only

Dogs Only

Both Dogs & Cats

Rodents

Birds

Small Animals

About your Dog's Behavior

Has your dog ever shown any aggressive, dominant, or fearful behaviors towards other animals?

(dogs, cats, wildlife, etc.) Yes No Unsure

Does your dog have any fears?..... Yes No Unsure

If yes, please circle all that apply

Loud Noises

Vaccums

Thunder

Fireworks

Strangers

Water

Other: _____

What does your dog do when scared?..... _____

Does your dog have any behaviors for a new home to work on? Yes No Unsure

If yes, please circle all that apply

Nipping

Chewing

Excessive Barking

Food Protection/Aggression

Toy Protection/Aggression

Other: _____

When does your dog exhibit these behaviors? *Please circle all that apply*

Only when alone

Only when you're home

Always

For how many hours is your dog comfortable being alone?..... _____

What are your cat's favorite toys and/or activities? _____

Please use the space below for any additional information you would like to share about your dog.