

## CIAO BOW WOW - Dog Personality Profile

Complete a profile for each dog to be enrolled at Ciao Bow Wow.. Complete responses assist us in the interview process. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If additional space is required to answer a question add an attachment sheet.

|                  |                |
|------------------|----------------|
| Owner's Name(s): | Today's' Date: |
|------------------|----------------|

### 1. Profiled Dog Information

*(Please also be sure to insert your dog's name at the bottom of each of the following page, thank you!)*

|   |  |
|---|--|
| Dog's Name:   | Breed:   |
| Age:  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| How long have you owned your dog?   | Years: _____ Months: _____   |
| Where did you get your dog?<br><input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store<br><input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group<br><input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray<br><input type="checkbox"/> Other _____ | If adopted, what knowledge do you have of your dogs past history?  |

### 2. General Household Information

#### a. People in Household

|   |                      |                      |
|---|----------------------|----------------------|
| Total # of people living in your household: | # of adult males:    | # of adult females:  |
| Male Children:                              | Female Children:     |                      |
| How many are there?                         | What are their ages? | How many are there?  |
|   |                      | What are their ages? |

#### b. Other Dogs & Cats in Household

| Dogs   |     |   |  |
|--|-----|---|--|
| Breed  | Age | Sex   | Spayed or Neutered                                       |
| 1.   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many cats do you have? |     |   |  |

### 3. Health/Grooming

|  |   |
|--|---|
| a. How often do you brush or comb your dog's coat?   | b. How does your dog react to having his/her nails clipped? |
| c. Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, what have you tried to make it more enjoyable?   |   |
| d. Please describe your dog's flea/tick control and prevention program:  |   |
| e. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where?  |   |
| f. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:   |   |
| g. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain disability & cause:<br><br>If answered yes, what restrictions need to be placed on your dog's activities or movements?<br><input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other <i>(Please explain)</i> |   |
| h. Does your dog have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:<br><br>If answered yes, and medication is used to control the condition provide name and dosage.   |   |

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### 3. Health/Grooming (Continued)

i. Provide details of your dog's diet - *type* ( kibble, canned, raw/natural):  
*brand* (Innova, Iams, Wellness, etc):

j. Where are your dog's favorite petting spots?

k. How frequently is your dog walked outside?

l. How long are your walks?

m. Indicate from the following the overall level of exercise that best describes your dog's routine:

- Couch Potato      Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser      Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
- Moderate Exerciser      Long or multiple walks daily and/or regular playtime with human or dogs.
- Athlete      Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etcetera.

### 4. Behavior

#### a. Relations with people and other animals

1) Indicate from the following the level of dog socialization that best describes your dog's routine:

- None – No knowledge of other dog interaction       Minimal – On lead encounters only
- Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etcetera

2) Does your dog like children?       Yes       No

3) How does your dog behave around children?

4) How does your dog get along with other household animals?

5) Do any visitors bring their dog(s) to your house?       Yes       No      If yes, how do they get along?

6) How does your dog react to a stranger coming into your home?

7) Does your dog ever bark or growl at anyone passing outside your home?       Yes       No  
If yes, please explain:

8) Are there any particular types of people your dog seems to automatically fear or dislike?

9) Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike?

10) How does your dog react to puppies?

11) How does your dog react to another dog approaching it in a park, at the beach or on a walk?

a. On Leash:

b. Off Leash:

12) Does your dog play with other dogs?      If yes, please describe size, breed & temperament of the other dogs.

- a. Male and Females       Yes       No
- b. Only males       Yes       No
- c. Only females       Yes       No

13) What kinds of games does your dog play with other dogs?

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### 4. Behavior - a. Relations with people and other animals (Continued)

|  |   |
|--|---|
| 14) What kinds of games does your dog play with people?  |   |
| 15) Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how does your dog react to another dog approaching his/her food or toys? |   |
| 16) Where does your dog sleep?<br><br>In which room in the house does your dog sleep?  | Where in the room does your dog sleep?<br><input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor<br><input type="checkbox"/> Other (Please describe) |
| 17) Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what were the circumstances?   |   |
| 18) Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what were the circumstances and how did you respond?   |   |
| 19) Has your dog ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what were the circumstances and how did you respond?   |   |

### b. General behavior

|   |
|---|
| 1) To the best of your knowledge, what does your dog do when you're not at home?  |
| 2) How does your dog act when you get home at the end of the day?   |
| 3) What does your dog do to show he/she is happy?   |
| 4) Is your dog allowed on the furniture at home? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5) Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what were the circumstances?   |
| 6) Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe typical behavior & what specifically helps your dog's fear.  |
| 7) Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what noises?   |
| 8) Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain.   |
| 9) Does your dog play with any toys? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what kinds of toys does your dog like?   |
| 10) Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what were the circumstances and how did you respond?   |
| 11) Does your dog have any problems in any of the following areas? If yes, please explain.<br>a) Mouthiness: <input type="checkbox"/> Yes <input type="checkbox"/> No        b) Housetraining: <input type="checkbox"/> Yes <input type="checkbox"/> No        c) Barking: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d) Digging: <input type="checkbox"/> Yes <input type="checkbox"/> No        e) Ignoring commands: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

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### 4. Behavior -

#### c. Communication/Training

|   |
|---|
| 1) Which commands does your dog know? (please check all that apply)<br><input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five<br><input type="checkbox"/> Other: _____ |
| 2) Does your dog know any tricks? If yes, please describe. <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>  |
| 3) What kind of a collar do you use to walk your dog?<br><input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Sliding Ring <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch   |
| 4) Is it effective in keeping them under control? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |
| 5) Does your dog have a command to go to the bathroom? If yes, what is the command?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Command: _____  |
| 6) Does your dog have a command to be quiet? If yes, what is the command?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Command: _____  |
| 7) Does your dog respond to any commands on hand signal? If yes, what are the commands?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Commands: _____   |
| 8) Is your dog crate trained? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |

### 5. Other

|   |
|---|
| Do you know of any reason that your dog might not like, or be able to use, agility equipment? |
| Other comments or information about your dog that you feel might be helpful?                  |