

DOG PERSONALITY PROFILE

Your answers to this questionnaire will help us to match your German Shepherd Dog with a new owner.

Please Print!

Dog's Name: _____ Age: _____ Sex: _____

Altered (spayed/neutered)? _____ Color: _____

AKC Registered? _____

Breeder's Name _____

Is your dog primarily a house dog? _____ yard dog? _____ both? _____

Is your dog housebroken? _____ If not, why?

Can your dog be trusted to stay by itself in the house for extended periods of time? _____ If not, why?

Can your dog be trusted to stay by itself in a fenced yard? _____ If not, why?

Does your dog jump fences? _____ How high? _____

Has your dog been kept tied or chained? _____ If so, why?

Where does your dog sleep? _____

When is it normally fed? _____

Where? _____

What type and brand of food does it eat? _____

Amount per meal _____ Number meals/day _____

Does your dog:

Tear furniture	Yes	No	?	Chase cars	Yes	No	?
Tear carpet	Yes	No	?	React to uniforms	Yes	No	?
Dump trash	Yes	No	?	Walk on leash	Yes	No	?
Bark or howl	Yes	No	?	Ride well in car	Yes	No	?
Dig holes in yard	Yes	No	?	Chew	Yes	No	?
Roam	Yes	No	?				

Other? _____

How would you describe this dog? (circle any that apply)

Active Affectionate Aggressive Attentive Confident Demanding Destructive

Easygoing Fearful Friendly Gentle Happy Hardheaded Hyperactive Independent

Intelligent Insecure Loving Mannerly Noisy Obedient One Person Pet Passive

Playful Quiet Reserved Sensitive Sociable Stubborn Submissive

Timid Uncontrollable Other _____

Does your dog get along with:

Comments?

Young Children Yes No ?

Older Children Yes No ?

Men Yes No ?

Women Yes No ?

Large Dogs Yes No ?

Small Dogs Yes No ?

Cats Yes No ?

Other Small Animals Yes No ?

Horses Yes No ?

Livestock Yes No ?

What age was your dog when acquired? _____

Was your dog obtained? (circle all that apply)

From a breeder From a friend From a Pet Shop As a gift

From an Animal Shelter Abandoned/Stray From a Rescue Organization

Other _____

What would you like to change about your dog? (circle all that apply)

Aggressiveness Barking Biting Chasing Chewing Climbing Digging Fear of Noise

Fighting Growling Jumping-up Over protectiveness Raiding the garbage Running Away

Soiling Stealing Howling Other _____

Has your dog ever shown any aggressive tendencies? Please explain in detail.

Has the dog ever bitten anyone? Please explain in detail.

Has the dog been obedience trained? _____ Has he attended training classes? _____

What kind of class(es)? _____ Did he graduate? _____

What commands/exercise does your dog know?

Who had the major responsibility of training your dog? _____

How is your dog's response to commands?

Excellent Good Fair Poor When he/she wants to

What is the best way to get your dog to listen/obey?

Praise Treats Correction Firm Voice Other _____

Please list any particular fears your dog has (thunder, vacuum, etc.)

Does your dog have any touch sensitivities (places/ways he doesn't like to be touched)? If yes, list.

Is your dog possessive of toys, food or his people? Please explain.

Has your dog been raised with children? _____ What ages? _____

Has your dog been raised with other animals? What type? Any problems?

Veterinarian's name/address/phone:

Last vaccination date: _____ What shots given? _____

Last heartworm test _____

Currently on heartworm medications? ____No ____ Yes Daily? Monthly? Date last given? _____

Does your dog have any past or current health problems? List them.

Has your dog been taught any tricks or commands other than standard obedience commands? List.

Does your dog have any favorite games or toys? List.

How long have you owned this dog?

Why are you giving it up?

Are there any special issues or problems we should understand concerning this dog?

Owner's Name/Address/Phone/E-Mail address: