



## Loft Pooch Personality Profile

Complete a profile for each dog to be enrolled at Urban Tails. Complete responses assist us in providing high quality care for your pet during their stay. 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:
------------------	---------------

### Profiled Dog Information

If multiple Dog Personality Profiles are being submitted, this is **Profile # \_\_\_\_\_ of \_\_\_\_\_**  
 (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:
1. Has your dog ever been boarded at a kennel or veterinarian previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any problems or concerns noted during or after the stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
2. Please describe your dog's flea/tick control and prevention program:	
3. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
4. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:  If answered yes, what restrictions need to be placed on your dog's activities or movements? <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 (Please explain)	
5. Does your dog have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If answered yes, and medication is used to control the condition provide name and dosage.	
6. Provide details of your dog's diet – <i>type</i> (kibble, canned, raw/natural): <i>brand</i> (Innova, Iams, Purina, etc):	
7. Are there any particular types of people your dog seems to automatically fear or dislike?	
8. 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?	
9. 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?	
10. To the best of your knowledge, what does your dog do when you're not at home?	
11. Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
12. 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.	

13. Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what noises?
14. Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
15. 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?
16. 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?
17. Which commands does your dog know? (please check all that apply) <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 <input type="checkbox"/> Other: _____
18. What kind of a collar do you use to walk your dog? <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
19. Is it effective in keeping them under control? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has your dog ever gotten away from someone when out for a walk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
21. Has your dog ever escaped from your house or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
22. Does your dog have a command to go to the bathroom? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____
23. On what surface does your dog generally go to the bathroom?
24. Does your dog have any bathroom related issues or concerns?
25. Do you currently have any issues with your dog chewing inappropriate items or being destructive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:
26. Does your dog have a command to be quiet? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____
27. Is your dog crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. Other comments or information about your dog that you feel might be helpful?