



Paws-itive Care: PET PROFILE

Please answer the following questions in regard to your pet (**Complete 1 form per pet**). Your answers will help us to place your pet in the best possible home for its temperament. **Please print.**

Your Name: _____

Address: _____

Pet is: Cat / Dog (Please circle one.)

Pet is: Male / Female (Please circle one.)

Pet's Name and Breed: _____

Pet's Age: _____

How long owned by you: _____

Where did you acquire your pet? _____

Veterinarian's Name _____ Veterinarian's Phone # _____

Has your pet been "fixed" (spayed/female or neutered/male? Yes _____ No _____

Please list any current health problems of your pet, including any medications for these problems:

How does your pet behave at the vet's office? Do you usually need to muzzle or sedate the pet for vet visits? _____

How does your pet behave for car rides? _____

Please check any of the following, which would best describe the pet's behavior:

- | | | | |
|--------------------------------------------------|---------------------------------------------|---------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Litter-trained (cats) | <input type="checkbox"/> Housebroken (dogs) | <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Quiet | <input type="checkbox"/> Calm | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Plays rough | <input type="checkbox"/> Bites/scratches | <input type="checkbox"/> Protective of food and/or toys | |
| <input type="checkbox"/> Not good with cats | <input type="checkbox"/> Not good with dogs | <input type="checkbox"/> Never been around other pets | |
| <input type="checkbox"/> Does not like strangers | <input type="checkbox"/> Does not like men | <input type="checkbox"/> Does not like women | |

Comments: _____

What commands does your pet respond to: _____

How does your pet act around strangers? Please describe behavior including body language.

How does the pet behave with children? _____

Where is your pet kept during the day?

____ Inside, but confined to _____. ____ Inside with free run of the house
____ Inside in a crate or cage, for _____ hours a day ____ Inside and Outside
____ Outside only ____ Free to roam in and out as pleases through pet door

Please explain your pet's daily schedule (sleeping/feeding/exercising times, etc.) _____

What frightens your pet? (Thunder, lightning, vacuum cleaner, etc.) _____

How does your pet behave with grooming? (Baths, ear cleaning, nail clipping, etc.) _____

My pet would be happiest in a home with: Please check ()

Children: Yes _____ No _____

Cat: Yes _____ No _____

Dog: Yes _____ No _____

Other: _____

Do you have any other comments that would help us place your pet in the proper home? _____

Pet Owner's Signature

Date