



## 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: \_\_\_\_\_

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? \_\_\_\_\_

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.

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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  
 Free to roam in and out as pleases through pet door

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

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

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

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

Children: Yes \_\_\_\_\_ No \_\_\_\_\_

Dog: Yes \_\_\_\_\_ No \_\_\_\_\_

Cat: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

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

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\_\_\_\_\_  
Pet Owner's Signature

\_\_\_\_\_  
Date