

# WHITESBURG ANIMAL HOSPITAL & THE LODGE AT WHITESBURG

*Uniting the Art of Caring with the Science of Medicine*

## Canine Personality Profile

A Canine Personality Profile must be completed for *each* dog prior to his/her scheduled Enrichment Evaluation. Complete responses assist us in the evaluation process. There is no right or wrong answers as all dogs are unique.

Owner's Name:	Today's Date:
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### Dog's Information

Dog's Name:	Breed:		
Age/Date of Birth:	Weight:		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered			
How long have you owned your dog?			
How did you obtain your dog?			
<input type="checkbox"/> Animal Shelter	<input type="checkbox"/> Breeder	<input type="checkbox"/> Friend	<input type="checkbox"/> Found as a Stray
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Rescue Organization	<input type="checkbox"/> Other:
What knowledge do you have of your dog's history prior to your ownership?			

### General Household Information

Number of Adult Males in Household:	Number of Adult Females in Household:
Number of Male Children in Household:	Number of Female Children in Household:
Ages of Males Children:	Ages of Female Children:
Describe how your dog interacts with the humans in the household:	

### Other Pets in Household

Species	Breed	Age	Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered
			<input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered
			<input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered
			<input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered
Describe how your dog interacts with other household pets:			



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## Health

Date of Last Examination:	Findings:
Date of Last Rabies Vaccine:	
Date of Last Distemper Combo Vaccine:	
Date of Last Bordetella Vaccine:	
Date of Last Canine Influenza Vaccine:	
Date of Heartworm Check:	Results:
Heartworm Prevention:	Last Given:
Date of Last Fecal Examination:	Results:
Describe any known allergies:	
Describe any known physical disabilities:	
What restrictions of activity/movement does your dog require? <input type="checkbox"/> No Restrictions <input type="checkbox"/> No Running <input type="checkbox"/> No Jumping <input type="checkbox"/> No Agility Equipment <input type="checkbox"/> No Hard Play <input type="checkbox"/> No Contact with Other Dogs <input type="checkbox"/> Other, please explain:	

## Grooming

Product used for flea and tick prevention:
Product used for flea and tick prevention for other household pets:
Frequency of grooming: Grooming is performed by: <input type="checkbox"/> Owner <input type="checkbox"/> Professional Groomer <input type="checkbox"/> Other:
Describe how your dog reacted to grooming and nail trims: If reaction is negative, what techniques have you tried to make the experience more enjoyable?
Describe any sensitive area on his/her body:
List favorite petting spots:

## Exercise

Indicate the overall activity level of exercise that best describes your pet's exercise routine: <input type="checkbox"/> Light – Spends most of his/her time sleeping; occasional walks and/or playtime with humans or other pets <input type="checkbox"/> Mild Activity – Regular daily short walks and/or playtime with humans or other pets <input type="checkbox"/> Moderate Activity – Long or multiple walks daily and/or playtime with humans or other pets <input type="checkbox"/> High Activity – Regular jogs or runs and/or participation in a canine sport such as agility, frisbee, etc.
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## Exercise (Continued)

Frequency of Walks:	Length of Walks:
Type of Collar Used While Walking Your Dog:	
<input type="checkbox"/> Traditional Buckle/Snap Collar	<input type="checkbox"/> Head Collar such as a Gentle Leader
<input type="checkbox"/> Nylon/Chain Sliding Ring Collar	<input type="checkbox"/> Prong/Pinch Collar
<input type="checkbox"/> Harness	<input type="checkbox"/> Other:
Is this collar effective in keeping your dog under control?	
Activities/Toys Your Dog Enjoys:	
Does your dog's current exercise program is meeting his/her activity level requirements?	

## Training and Socialization

Describe any professional training classes your dog has attended:
Were the classes completed and how well did they do?
Has your dog obtained an AKC S.T.A.R. or Canine Good Citizen certification? Other Training Certifications?
Known Commands: <input type="checkbox"/> Come <input type="checkbox"/> Down <input type="checkbox"/> Heel <input type="checkbox"/> Leave It <input type="checkbox"/> Off <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Wait <input type="checkbox"/> Other:
Known Tricks:
Indicate the overall level of interaction that best describes your pet's socialization: <input type="checkbox"/> None – No knowledge of interaction with other pets and/or humans outside of household <input type="checkbox"/> Minimal – On lead encounters only <input type="checkbox"/> Moderate – Occasional off-lead playtime with humans and/or other pets <input type="checkbox"/> Extensive – Regular off-lead playtime with humans or other pets such as visits to dog parks, daycare, etc.
Describe any interaction your dog has had with other dogs outside of your household:
Were the other dogs: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both Males and Females <input type="checkbox"/> Older <input type="checkbox"/> Younger <input type="checkbox"/> Both Older and Younger Describe your dog's reaction when meeting a dog for the first time while on leash:

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## Training and Socialization (continued)

Describe your dog's reaction when meeting a dog for the first time while off leash:

Describe any aggression your dog has shown toward other dogs and your reaction to the incident:

Check any responses you have witnessed your dog display as a reaction to meeting another dog:

- |  |  |
|--|--|
| <input type="checkbox"/> Barking in a high, whining pitch      | <input type="checkbox"/> Barking in a low, warning tone                |
| <input type="checkbox"/> Bowing down                           | <input type="checkbox"/> Growling or showing teeth                     |
| <input type="checkbox"/> Hackles (hair on back of neck) raised | <input type="checkbox"/> Mounting or standing over dog                 |
| <input type="checkbox"/> Snapping or biting                    | <input type="checkbox"/> Tail stiff or above the back (wagging or not) |
| <input type="checkbox"/> Wagging tail                          | <input type="checkbox"/> Other:  |

Describe your dog's reaction to another dog approaching his/her food or toys:

Describe your dog's reaction when meeting a person for the first time while on leash:

Describe your dog's reaction when meeting a person for the first time while off leash:

How does your dog greet a visitor entering your home or yard?

- Greets them enthusiastically or jumps up excitedly
- Approaches the person cautiously, sniffing and inspecting them
- Barks or growls at the person
- Moves to the opposite side of the room and avoids the person
- Other:

Describe your dog's reaction to a stranger entering your home or yard:

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## Training and Socialization (continued)

Has your dog ever growled, snapped, or bit an adult or child?

If yes, explain in detail the circumstances and your response to the incident:

Check any of the following traits your dog has acted negatively to:

- |                                   |                                      |   |                                   |
|-----------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Facial Hair | <input type="checkbox"/> Hats                   | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Men      | <input type="checkbox"/> Women       | <input type="checkbox"/> Wheelchairs or Walkers |                                   |
| <input type="checkbox"/> Other:   |                                      |   |                                   |

## Behavior and Environment

To best determine the appropriate play group for your dog, please select **three** options that **best** describes your dog's personality

- |                                     |                                     |                                    |                                    |                                      |
|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Boss       | <input type="checkbox"/> Bully      | <input type="checkbox"/> Calm      | <input type="checkbox"/> Clean     | <input type="checkbox"/> Dominant    |
| <input type="checkbox"/> Dull       | <input type="checkbox"/> Easy going | <input type="checkbox"/> Excitable | <input type="checkbox"/> Hyper     | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Messy      | <input type="checkbox"/> Nervous    | <input type="checkbox"/> Neurotic  | <input type="checkbox"/> Obsessive | <input type="checkbox"/> Opinionated |
| <input type="checkbox"/> Playful    | <input type="checkbox"/> Polite     | <input type="checkbox"/> Quiet     | <input type="checkbox"/> Relaxed   | <input type="checkbox"/> Rude        |
| <input type="checkbox"/> Submissive | <input type="checkbox"/> Talkative  | <input type="checkbox"/> Other:    |                                    |                                      |

Describe how your dog's personality differs when at home versus a public setting:

Is your dog frightened or nervous of any loud noises or thunderstorms?

If yes, what helps your dog cope with the anxiety:

Describe what makes your dog frightened, nervous or uncontrollable:

Check any of the following areas your dog has problems and describe:

- |                                     |                                   |   |  |
|-------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Barking    | <input type="checkbox"/> Digging  | <input type="checkbox"/> Houstraining         | <input type="checkbox"/> Ignoring Commands |
| <input type="checkbox"/> Jumping Up | <input type="checkbox"/> Mouthing | <input type="checkbox"/> Pulling on the Leash | <input type="checkbox"/> Other:            |

Describe any behavioral issues such as anxiety, aggression, spinning, separation anxiety, etc. and what actions/medications have been taken to treat the issue:

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## Behavior and Environment (cont.)

List any medications your dog takes that may affect his mood or behavior:

Where is your dog primarily kept?

- Indoors       Outdoors       In and Outdoors       Kennel/Crate  
 Other:

Is your dog kennel/crate trained?

Is your dog allowed on the furniture at home?

Is your dog allowed in the bedroom?

Has your dog ever climbed or jumped a fence?

If yes, what were the circumstances:

Where does your dog sleep?

- Indoors       Outdoors       In and Outdoors       Kennel/Crate  
 Garage       Living Room       Dining Room       Kitchen  
 Spare Bedroom       Other Family Member's Bedroom       Owner's Bedroom  
 On the Floor       In a Dog Bed       On the Furniture       In Family Member's Bed  
 Other:

To the best of your knowledge, what does your dog do when you are not at home?

How does your dog react when you come home at the end of the day?

What does your dog do to show you he/she is happy?

Please use this space to provide comments or information about your dog that you feel may be helpful or important: