



## Dog Personality Profile – Daycare or Group Play

Complete a profile for each dog participating in daycare at Bayside Pet Resort. Complete responses assist us in the temperament testing process. 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:
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### 1. 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 page, thank you!)

Dog's Name:	Breed:
How long have you owned your dog?	Where did you get your dog?
If adopted, what knowledge do you have of your dog's past history?	

### 2. General Household Information

#### a. People in Household

Total # of people living in your household:	# Adult Males:	# Adult Females:
# Male Children:	# Female Children:	
Male Children's Ages:	Female Children's Ages:	

#### b. Other Dogs & Cats Household

Breed (Dogs)	Age	Sex	Spayed or Neutered
1.			
2.			
3.			
4.			
Do you have cats?		If yes, how many?	

### 3. Health

Please describe your dog's flea/tick control and prevention program:
Does your dog have any sensitive areas on his/her body? If yes, where?
Does your dog have any allergies? If yes, please explain:
Does your dog have any physical disabilities? Please explain disability and cause:

Bayside Pet Resort Personality Profile Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_



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Does your dog have any pre-existing medical conditions? If yes, please explain:	
If answered yes, and medication is used to control the condition, provide name and dosage:	
Where are your dog’s favorite petting spots?	
How frequently is your dog walked outside?	How long are your walks?
Indicate from the following the overall level of exercise that best describes your dog’s routine:	
<input type="checkbox"/> Couch Potato - Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser - Spends days outdoors, short daily walks and/or regular playtime with human or other dogs <input type="checkbox"/> Moderate Exerciser - Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete – Regular jogs/runs and/or regular participation in a dog sport activity such as agility, Frisbee, etc. <input type="checkbox"/> Other:	

### 4. Behavior- Relationships with people and other animals

1) Indicate from the following the level of dog socialization that best describes your dog’s routine:
<input type="checkbox"/> None- no knowledge of dog interaction <input type="checkbox"/> Minimal- on lead encounters only <input type="checkbox"/> Moderate- some off-leash playtime on occasion with visitor’s/neighbor’s/friend’s dog(s) <input type="checkbox"/> Extensive- regular visits to dog social events, off lead dog parks, dog daycare, etc.
2) Do visitors bring their dog(s) to your house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do they get along?
3) How does your dog react to a stranger coming into your home or yard?
4) Does your dog ever bark or growl at anyone passing outside your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
5) Are there any particular types of people your dog seems to automatically fear or dislike?
6) Are there any types of breeds of dogs you dog seems to automatically fear or dislike?
7) How does your dog react to puppies?



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8) How does your dog react to another dog approaching it in a park or on a walk? a. On Leash:  b. Off Leash:
9) Does your dog play well with other dogs? <input type="checkbox"/> Males and Females <input type="checkbox"/> Males Only <input type="checkbox"/> Females Only Please describe size, breed and temperament of the other dogs:
10) What kind of games does your dog play with other dogs?
11) What kind of games does your dog play with people?
12) Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?
13) Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
14) 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?
15) 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?

### 5. General Behavior

1) Has your dog ever climbed/jumped a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?
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2) Is your dog frightened by thunderstorms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe their typical behavior and what specifically helps your dog's fear:
3) Is your dog frightened by any other noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
4) Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
5) Does your dog play with toys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds of toys does your dog like?
6) Has your dog ever growled or snapped at someone who has taken his/her food or toys away? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?
7) Does your dog have any problems in any of the following areas? Please explain below. <input type="checkbox"/> Mouthiness <input type="checkbox"/> Housetraining <input type="checkbox"/> Barking <input type="checkbox"/> Digging <input type="checkbox"/> Ignoring Commands
8) Which commands does your dog know? <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: _____
9) Does your dog have a command to be quiet? If yes, what is the command? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____
10) Does your dog respond to any commands on hand signal? If yes, what are the commands? <input type="checkbox"/> Yes <input type="checkbox"/> No Command: _____

### 6. Other

Do you know of any reason that your dog might not like, or be able to use agility equipment?
Other comments or information about your dog you feel might be helpful?