**DOG PERSONALITY PROFILE**

*Your answers to this questionnaire will help us to match your German Shepherd Dog with a new owner.*

**Please Print!**

Dog’s Name:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_       Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Altered (spayed/neutered)? \_\_\_\_\_\_\_\_            Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AKC Registered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breeder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog primarily a house dog? \_\_\_\_\_\_\_\_\_            yard dog? \_\_\_\_\_\_\_\_\_   both? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog housebroken? \_\_\_\_\_ If not, why?

Can your dog be trusted to stay by itself in the house for extended periods of time? \_\_\_\_\_\_  If not, why?

Can your dog be trusted to stay by itself in a fenced yard? \_\_\_\_\_\_\_\_   If not, why?

Does your dog jump fences?  \_\_\_\_\_\_\_\_\_\_\_\_   How high? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been kept tied or chained? \_\_\_\_\_\_   If so, why?

 Where does your dog sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When is it normally fed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      
  
Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type and brand of food does it eat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per meal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Number meals/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog:

Tear furniture               Yes      No       ?                    Chase cars                   Yes      No       ?

Tear carpet                   Yes      No       ?                      React to uniforms          Yes      No      ?

Dump trash                   Yes      No       ?                     Walk on leash               Yes      No      ?

Bark or howl                Yes      No       ?                       Ride well in car             Yes      No       ?

Dig holes in yard           Yes      No       ?                      Chew                           Yes      No       ?

Roam                           Yes      No       ?

      Other?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe this dog? (circle any that apply)

Active     Affectionate     Aggressive     Attentive     Confident     Demanding     Destructive

Easygoing     Fearful     Friendly     Gentle     Happy     Hardheaded     Hyperactive     Independent

Intelligent     Insecure     Loving     Mannerly     Noisy     Obedient     One Person Pet     Passive

Playful     Protective     Quiet     Reserved     Sensitive     Sociable     Stubborn     Submissive

Timid     Uncontrollable     Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog get along with:                           Comments?

        Young Children            Yes      No       ?

        Older Children             Yes      No       ?

Men                           Yes      No       ?

Women                      Yes      No       ?

Large Dogs                 Yes      No       ?

Small Dogs                 Yes      No       ?

Cats                          Yes      No       ?

Other Small Animals    Yes      No       ?

Horses                       Yes      No       ?

        Livestock                    Yes     No       ?

What age was your dog when acquired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your dog obtained? (circle all that apply)

From a breeder     From a friend     From a Pet Shop     As a gift

From an Animal Shelter     Abandoned/Stray     From a Rescue Organization

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to change about your dog? (circle all that apply)

Aggressiveness     Barking     Biting     Chasing     Chewing     Climbing     Digging     Fear of Noise

Fighting     Growling     Jumping-up     Over protectiveness     Raiding the garbage     Running Away

Soiling     Stealing     Howling     Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever shown any aggressive tendencies? Please explain in detail.

Has the dog ever bitten anyone? Please explain in detail.

Has the dog been obedience trained?   \_\_\_\_\_\_\_\_\_\_\_\_   Has he attended training classes? \_\_\_\_\_\_\_\_

What kind of class(es)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did he graduate? \_\_\_\_\_\_\_\_

What commands/exercise does your dog know?

Who had the major responsibility of training your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your dog’s response to commands?

Excellent     Good     Fair     Poor     When he/she wants to

What is the best way to get your dog to listen/obey?

        Praise     Treats     Correction     Firm Voice     Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any particular fears your dog has (thunder, vacuum, etc.)

Does your dog have any touch sensitivities (places/ways he doesn’t like to be touched)? If yes, list.

Is your dog possessive of toys, food or his people? Please explain.

Has your dog been raised with children? \_\_\_\_\_\_   What ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been raised with other animals? What type? Any problems?

Veterinarian’s name/address/phone:

Last vaccination date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   What shots given?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last heartworm test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently on heartworm medications? \_\_\_\_No \_\_\_\_ Yes   Daily? Monthly? Date last given? \_\_\_\_\_\_\_\_\_\_

Does your dog have any past or current health problems? List them.

Has your dog been taught any tricks or commands other than standard obedience commands? List.

Does your dog have any favorite games or toys? List.

How long have you owned this dog?

Why are you giving it up?

Are there any special issues or problems we should understand concerning this dog?

Owner’s Name/Address/Phone/E-Mail address: