



Dog Behaviour Profile

Dog's Name: _____

Birth Date: _____

Breed: _____ Colour: _____

Medical (allergies, surgeries, etc): _____

Check ALL the boxes that represents your dog(s):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Likes Fetch | <input type="checkbox"/> Great Player | <input type="checkbox"/> Digger |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Likes any dog | <input type="checkbox"/> Vocal Player | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Submissive | <input type="checkbox"/> Fearful of People | |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful of Dogs | <input type="checkbox"/> Afraid of Storms/ Air Balloons | |
| <input type="checkbox"/> Prefers small Dogs | | <input type="checkbox"/> Better with Dogs of Opposite Sex | |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Dislikes Dogs | <input type="checkbox"/> Escapist | <input type="checkbox"/> Not interested in Dogs |
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Humper | <input type="checkbox"/> Fence Climber | <input type="checkbox"/> Toy Aggressive |

More about my dog(s):

- _____
- _____
- _____
- _____
- _____
- _____
- _____

How did you hear about us? _____

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