Adoptable Pet Profile

PET NAME:	PET ID#:
BREED/COLOR:	DATE OF BIRTH/AGE:
SEX:	ARRIVAL DATE:

1. Where did the pet come from?

2. Does the pet have any known/notable medical conditions?

3. What information was passed on from the previous guardian, if any?

4. Describe what the pet is like in his/her foster home.

5. Where does the pet sleep at night?

6. Where does the pet stay when people are not home? Is the pet alone unattended with other pets?

7. What other pets are in the foster home, how does the foster get along with them?

8. Is the foster living with any children or has the pet met any children while in the foster homes care? How did it go?

9. Have the foster parents taken the pet outside on a leash? How did that go? (It is required that you exercise your pet for at least 30 minutes per day.)

10. Are there any people, places, smells, sounds or other things that cause your foster to be frightened or startled?

11. What brand of dog food is being fed and how much? How many times per day?

12. Any known food allergies?

13. Please list any information you feel a potential adopter should know about your foster pet.

EATING

- ☐ Fed seperately
- ☐ Fed with others (under supervision)
- ☐ Does not care about food
- ☐ Gobbles food like he/she is starving
- ☐ Treat motivated
- ☐ Uninterested in treats
- ☐ Takes treats gently
- ☐ Takes treats fast
- ☐ Takes treats aggressively

HOUSE MANNERS

- ☐ Crate Trained
- ☐ Potty Trained
- ☐ Marks
- ☐ Barker
- ☐ Chewer
- ☐ Counter/Furniture Surfs

OBEDIENCE

- ☐ Sit
- ☐ Lay Down
- ☐ Stay
- ☐ Come (Recall)
- ☐ Wait
- ☐ Shake

MISCELLANEOUS

	OK	DISLIKES	N/A	COMMENTS
Bathing	○	○	◉	
Brushing	○	○	◉	
Nail Trim	○	○	◉	
Ear Cleaning	○	○	◉	
Takes Oral Meds	○	○	◉	
Takes Pill Meds	○	○	◉	
Putting on Leash	○	○	◉	
Vacuum	○	○	◉	
Televison	○	○	◉	
Doorbell	○	○	◉	