



Temperament Evaluation

Primary Guardian's Information

Name _____
Full Address _____
Primary Contact Cell Phone _____ Other Phone _____
Email Address _____

Secondary Guardian's Information

Name _____
Full Address _____
Primary Contact Cell Phone _____ Other Phone _____
Email Address _____

Emergency Contact Information (prefer someone local, when you are out of town)

Name _____ Relationship _____ Phone _____

Veterinarian _____ Phone _____

Dog Profile

Name _____ Sex F/M: _____ Spayed/Neutered Y/N _____

Breed _____ Date of Birth _____ Energy Level? _____

Does your dog have any allergies? _____

Does your dog have any past injuries? Sensitive areas? _____

Any current medical conditions? _____

Any medications or supplements? _____

Is your dog nervous around strangers, men, children? _____

Is your dog housetrained? _____ Crate trained? _____

Any destructive behaviors at home? _____

What frightens your dog? e.g.thunder, hats, poles, shouting, delivery vans, certain dog breeds, puppies, old dog, sick dogs? _____

Has your dog every bitten anyone? _____

Is your dog leash aggressive? _____

Can you take food and toys away from your dog? _____

Is your dog food aggressive? _____

Is your dog territorial? e.g. sleeping place or top of stairs? _____

Is your dog a barker? _____ When?/Why? _____

Does your dog dig ? _____

Has your dog ever jumped or climbed over a fence to escape a yard? _____ Fence height? _____

Does your dog bolt/push past through an open gate or door? _____

Is your dog experienced with off-leash group play? _____

Does your dog growl? _____ Is it a play growl or a warning growl? _____

Does your dog jump up on people? _____ What do you do? _____

What command stops your dog instantly? _____ Bathroom? _____ Dinner? _____

Evaluation Date: _____ Pass.....Fail..... By _____

(Use the back of the form for additional comments.)