

# Intake Profile Form



Basic Information	Dog's Name		Age or Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Altered	
	When did you acquire this dog?		Where was this dog acquired?	<input type="checkbox"/> Female		
	Breeder/Shelter/Prev. Owner's Name/Contact			Description of the dog		
	Reason for surrendering					
Microchip	<input type="checkbox"/> Microchipped	Supplier		Microchip number		
	Registrant's name		Registrant's address			
Health	<input type="checkbox"/> Has allergies		<input type="checkbox"/> Treated for skin issues		<input type="checkbox"/> Treated for ear infections	
	List any other conditions					
Routine	<input type="checkbox"/> Fed once daily	Brand of dog food		Amount of food fed at each meal		
	<input type="checkbox"/> Fed twice daily					
	Meal time(s)		List any commands this dog knows			
	Describe the dog's daytime environment					
Describe the dog's nighttime environment, including sleep location						
Behavior	<input type="checkbox"/> This dog has bitten a person		<input type="checkbox"/> This bite has occurred within the last 10 days			
	Please describe the bite situation as it applies					
	Things the dog likes					
	Things the dog dislikes					
	List any helpful information for new owners					
	<input type="checkbox"/> Likes to ride in cars		<input type="checkbox"/> Good with dogs		<input type="checkbox"/> Comes when called	
<input type="checkbox"/> Likes to swim		<input type="checkbox"/> Used to grooming		<input type="checkbox"/> Growls at strangers		
<input type="checkbox"/> Jumps fences		<input type="checkbox"/> Used to walking		<input type="checkbox"/> Allows you to take away toys		
<input type="checkbox"/> Housebroken		<input type="checkbox"/> Obedience trained		<input type="checkbox"/> Chases cars		
<input type="checkbox"/> Crate trained		<input type="checkbox"/> Afraid of storms		<input type="checkbox"/> Urinates when scared		
<input type="checkbox"/> Good with cats		<input type="checkbox"/> Good with children		<input type="checkbox"/> Digs		