



Bichon Rescue of Orange County

Animal Profile Sheet

Phone: (866) 822-7909

Foster _____
Name dates phone

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Name dates phone

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Name dates phone

Please complete and e-mail to info@bichonrescueoc.org

Most information provided will be obtained during the time the dog has been in foster care or by the former owner. If a question is not answered or completed it is likely unknown. There may be more than one answer to some questions.

This form can be used when: (1) the primary foster is not available to answer questions from potential adoptive families; (2) someone other than the foster takes the dog to an adoption event; (3) to enable the adoptive family to know more about their new dog when they take him/her home.

About (*Dog's Name*) _____ Gender MF DOB _____ Age ___ yrs. Wt ___ lbs. Breed _____
 ID No. _____ Microchip No. _____ Color WHITE Distinguishing Marks None Apparent

Personality (✓ all that apply): Unconfident Fearful Anxious Submissive Calm Gentle Couch potato
Confident Independent Dominant Enthusiastic Follows you everywhere Energetic Excitable

Interaction with:

| People: | Shy / Afraid / Submissive | | Friendly | | Aggressive / Dominant |
|---|---------------------------|---|----------|---|-------------------------------------|
| Adult - Males | 1 | 2 | 3 | 4 | 5 |
| Adult - Females | 1 | 2 | 3 | 4 | 5 |
| Kids | 1 | 2 | 3 | 4 | 5 |
| Crowds | 1 | 2 | 3 | 4 | 5 |
| Strangers in the house | 1 | 2 | 3 | 4 | 5 |
| Other dogs (Adults/Puppies/ Large/Small): | Shy / Afraid / Submissive | | Friendly | | Aggressive / Dominant / Territorial |
| At foster home | 1 | 2 | 3 | 4 | 5 |
| At the dog park | 1 | 2 | 3 | 4 | 5 |
| At the beach | 1 | 2 | 3 | 4 | 5 |
| When food/toys involved | 1 | 2 | 3 | 4 | 5 |

| Other animals: | Shy / Afraid / Ignores | | Friendly | | Aggressive / Dominant / Will Chase |
|----------------|-------------------------|---|------------|---|------------------------------------|
| Cats | 1 | 2 | 3 | 4 | 5 |
| Kittens | 1 | 2 | 3 | 4 | 5 |
| Loud noises: | Afraid / accident-prone | | No Problem | | Aggressive / Will Bark |
| Thunderstorm | 1 | 2 | 3 | 4 | 5 |
| Fireworks | 1 | 2 | 3 | 4 | 5 |
| Hairdryer | 1 | 2 | 3 | 4 | 5 |
| Vacuum cleaner | 1 | 2 | 3 | 4 | 5 |
| Other: | 1 | 2 | 3 | 4 | 5 |

Bark: Never Rarely Sometimes Often
 Activity Level: Low Medium High

Health (SEE MEDICAL INFORMATION SHEET – ONLY ENTER CHANGES HERE)

We currently have the medical records from Owner Shelter Vet Date Spay/Neuter _____
 Vaccinations current YesNo Dates: Rabies: _____ DHLPP: _____ Corona: _____ Bordatella: _____
 Chronic problems: Cataracts Vision impaired Ear Infections Hearing impaired Dental Allergies
Chewing paws Murmur Cough Warts/Lumps Leg Weakness Luxating Patellas Other _____
 Current medication: None List _____
 Known allergies: _____
 Last Flea/Tick Treatment: _____ Type: Frontline+ Advantage+ Other: _____
 Comments: _____

Feeding

Brand & type of food: _____

DO NOT CHANGE THE FOOD PROVIDED WITHOUT PRIOR APPROVAL

| | Time | Amount Kibble | Amount Wet |
|---------------------------|------|---------------|------------|
| Breakfast | | | |
| Dinner | | | |
| TOTAL CUPS PER DAY | | | |

Eating Behavior: picky (*doesn't finish food*) normal Gulps down anything

Is this dog food motivated: Yes No Sometimes Never Allows someone to touch food? Yes No

Sits politely for food/treat: Yes No Occasionally jumps Needs work

Takes food/treat: Gently Nibbles from hand Will take your fingers off! Favorite treats: _____

Water: Does the dog play in the water bowl? Yes No

Bathroom Behavior

Housebroken? Yes No If no, date of last accident? _____ Doggie door trained? Yes No

Command for bathroom: Go Pee-Pee Go Potty Other _____

Will alert when needs to go out? Yes No Alert: Barks Whines Scratches Other _____

Prefers to go on: Grass Dirt Wood chips Stones Cement Other: _____

Loose Stool? Yes No If yes, why? Exercise Diet Change Other: _____

Males: Marks territory Doesn't lift leg. Will eat feces? Yes No

Bedtime

At home the dog sleeps: In adult bedroom In kids' bedroom In another room

In a crate On their own bed On the floor On people bed Other _____

Bedtime is: 8 9 10 Other _____ pm. Wakes up by: 6 7 8 Other _____ am.

House manners (✓ *all that apply*)

- | | |
|--|---|
| Puts paws on counters/table <input type="checkbox"/> Yes <input type="checkbox"/> No | Lays/Jumps on couch <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chews furniture <input type="checkbox"/> Yes <input type="checkbox"/> No | Begs for people food <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chews anything on the floor <input type="checkbox"/> Yes <input type="checkbox"/> No | Can climb stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Home Alone

- Has never been left alone (no dog or human) for more than _____ hours per day.
- Has never been left alone (no human) for more than _____ hours per day.
- Alone inside the house: Can roam house Need baby gate Stay in crate Cabinet Locks
- Alone outside: Escape Jump fence Fine Dig Bark Whine Pace Eat Grass
- Does this dog have separation anxiety? Yes No If yes, dog should be with stay-at-home family.
- I Do Do not recommend this dog stay in a crate when you go out.

Touching/Handling: (✓ *one of the boxes below for each body part*)

| | Sensitive | Can Touch | Comments |
|-------|-----------|-----------|----------|
| Mouth | | | |
| Ears | | | |
| Paws | | | |
| Back | | | |
| Tummy | | | |
| Tail | | | |

If you touch a part of the dog that is sensitive, the dog will: Run away Do nothing Growl Bite

Grooming

Date last groomed _____ or bath/fluff _____ How often groomed: _____ times/week/month
 Bath inside (in shower/tub) Holds still for clipping nails? Yes No Holds still for brushing teeth? Yes No
 Coat length: Short Medium Long Brushing: Loves it Allows it Runs away from brush

Commands (*responds well to:*)

Basics: No Sit Stay Come Down Off Leave It Heel Advanced: Paw Rollover
 Specific Commands: _____

Playtime (circle all that are loved & cross out all that are NOT loved)

| | | | | | |
|---------------------|--------------|---------------|--------------------|--------------|-------|
| Chew toys: | Kong | Nyla bone | Sterile bone | | |
| Other toys: | Rope | Squeaky toys | Plush toys | Treat balls | |
| Fetch toys: | Tennis balls | Squeaky balls | Hard, rubber balls | Frisbee | |
| Games: | Tug | Wrestling | Chase | Hide 'n Seek | |
| Outdoor activities: | Fetch | Walks/Runs | Beach/Swim | Dog park | Hikes |
| Quiet activities: | Petting | Being Brushed | | | |

Others _____

Out and About (*✓ all that apply*)

On Leash with harness: Walks well Pulls a Little Pulls a Lot
 Off Leash (safely confined): Walks well Responds to verbal commands Will run away
 Car: No problem Whines Seat belt Crate Needed Carsick Gets in/out car unassisted? Yes No

Recommendations (*✓ all that apply*)

- Needs training
- Needs to be housebroken
- Needs lots of exercise
- Needs high fence
- Family - needs a home with another dog, experienced family
- Family - needs a home with no children or other pets

Anything else?