



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 _____ Distinguishing Marks _____

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

Interaction: Please indicate whether or not your dog currently has or has had any significant behavioral issues. "Significant" here includes incessant barking, growling, tensing up, snapping, charging, lunging, snarling, "hard" stares, biting, killing, or fleeing/hiding from the types of people, animals or situations listed below.

| People: | Y | N | ? |
|-------------------------|---|---|---|
| Adult - Males | | | |
| Adult - Females | | | |
| Kids | | | |
| Crowds | | | |
| Strangers in the house | | | |
| Other | | | |
| Activities | Y | N | ? |
| At home | | | |
| On Walks | | | |
| At the dog park | | | |
| At the beach | | | |
| When food/toys involved | | | |
| Other | | | |

| Other Dogs | Y | N | ? |
|-----------------------------|---|---|---|
| Puppies | | | |
| Small dogs | | | |
| Large dogs | | | |
| Blind or special needs dogs | | | |
| Dogs off property | | | |
| Other animals: | Y | N | ? |
| Cats | | | |
| Kittens | | | |
| Loud noises: | Y | N | ? |
| Thunderstorm | | | |
| Fireworks | | | |
| Hairdryer | | | |
| Vacuum cleaner | | | |

Bark: Never Rarely Sometimes Often

Activity Level: Low Medium High

Health

We currently have the medical records from Owner Shelter Vet Date Spay/Neuter _____
 Vaccinations current Yes No Dates: Rabies: _____ DHLPP: _____ Corona: _____ Bordetella: _____
 Chronic problems: Cataracts Vision impaired Ear Infections Hearing impaired Dental Allergies
Chewing paws Heart Murmur Cough Warts/Lumps Leg Weakness Luxating Patellas Other _____
 Current medication: None List _____
 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 Yes No Lays/Jumps on couch Yes No

Chews furniture Yes No Begs for people food Yes No

Chews anything on the floor Yes No Can climb stairs? Yes 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?