

DALMATIAN PLACEMENT PROFILE

Dog's Name _____

Owner _____

Address _____

Phone: Days _____ Evening _____

General Information:

Age _____

Acquired how? _____

Sex: Male Female

Breeder _____

Color: black/white liver/white

Sire _____

Weight/Size _____

Dam _____

Appearance _____

AKC Registered? ___YES ___NO

Health:

Overall Health: poor good excellent

Known Conditions _____

Spayed/Neutered? Yes___

No___

Last Immunizations? _____

Does the dog hear? Yes___ No___

List Medications _____

Behavior & Temperament:

Check all that apply:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> nervous | <input type="checkbox"/> playful | <input type="checkbox"/> great with dogs | <input type="checkbox"/> sleeps in house | <input type="checkbox"/> more exercise |
| <input type="checkbox"/> chews | <input type="checkbox"/> digs | <input type="checkbox"/> knows sit | <input type="checkbox"/> knows down | <input type="checkbox"/> barks a lot |
| <input type="checkbox"/> leash trained | <input type="checkbox"/> destructive | <input type="checkbox"/> likes kids | <input type="checkbox"/> dislikes strangers | <input type="checkbox"/> dominant |
| <input type="checkbox"/> fearful | <input type="checkbox"/> jumps on people | <input type="checkbox"/> counter thief | <input type="checkbox"/> knows stay | <input type="checkbox"/> comes if called |
| <input type="checkbox"/> gentle | <input type="checkbox"/> housebroken | <input type="checkbox"/> yard dog | <input type="checkbox"/> good watchdog | <input type="checkbox"/> okay with cats |
| <input type="checkbox"/> chases small game | <input type="checkbox"/> nips | <input type="checkbox"/> does tricks | <input type="checkbox"/> escape artist | <input type="checkbox"/> good in car |
| <input type="checkbox"/> crate trained | <input type="checkbox"/> house dog | <input type="checkbox"/> shy | <input type="checkbox"/> outgoing | <input type="checkbox"/> easy keeper |
| <input type="checkbox"/> hyper | <input type="checkbox"/> hard to control | <input type="checkbox"/> off lead trained | <input type="checkbox"/> sweet | <input type="checkbox"/> docile or quiet |

History of biting? _____

Any Aggression? _____

Any Dog Aggression? _____

List specific problems or concerns: _____

Describe Ideal Home: _____