About Me!

This is a profile about your pet that gives Lynchburg Humane Society the information to ensure we find the best match, foster, or adopter for your pet. This information is vital in making sure your pet goes to a home that fits this pet’s unique personality. Every pet is different and the Lynchburg Humane Society tries to find homes that would best fit the pet’s personality. With this information, this allows us to find those homes quicker and shortens a pet’s length of stay in a shelter!

General Information

Dog’s Name: ________________________ How long have you had the Pet: ______________________

What is your reason for rehoming/returning the pet?: _________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Where did you get your pet from?: □ LHS □ Breeder □ Pet Store □ Family/Friends/Neighbor
□ Stray that you kept □ Stranger/Social Media □ Adopt-A-Pet/PetFinder
□ Other Shelter: ___________________ □ Other: ________________________________________

Medical

Does your Pet have any Medical History? □ Yes □ No
If yes, please list the vets that your pet has been to: __________________________________________
____________________________________________________________________________________

Is your dog on a special diet? □ Yes □ No
If yes, please list your pet’s special diet: __________________________________________________

Does your pet have any health concerns? □ Yes □ No
If yes, please list your pet’s health concerns: ________________________________________________
____________________________________________________________________________________

Does your dog have to be muzzled at the veterinarian? □ Yes □ No

In The Home

Where does your dog spend most of his/her time?: Please check all that apply:
□ Inside the house, roam free □ Inside the house, in cage □ Outside the house, roam free in the neighborhood □ Outside the house, runs free in the yard □ Outside the house, in cage □ Outside, tied
If both how long does your pet stay outdoors?: ___________________ Indoors?: ___________________

How was the pet kept when you were not home? □ Free Roamed the house □ Outside □ Crated
How many hours a day was the pet usually unattended to? ____________________________
How did the Pet do when left alone? (Break out of crate? Tear up anything? Etc.): ____________________________

If the pet likes toys, what toys are his favorites? ________________________________________________________

If another pet or person took a toy away from your pet how would the pet react? ________________________________

____________________________________________________________________________________

How does the pet react to strangers coming to the door or into the house? _________________________________

____________________________________________________________________________________

Is your dog allowed on furniture? □ Yes □ No

Where does your dog usually sleep overnight? □ Cage □ Floor □ Dog bed □ Couch □ Owner’s bed □ Other: __________________________

Outside The Home

While in the car is the Pet: □ Free Roaming □ Crated □ Other: ________________________________

How does the Pet do in the car? (Just lay down? look out the window? Panting? Etc.):________________________

____________________________________________________________________________________

Please describe how the pet does on leash (Pull, walk beside, curious etc.):______________________________

____________________________________________________________________________________

Was the Pet ever free-roaming, (like in a fenced in yard or park) □ No □ Yes:

If yes, what did the Pet do?: ________________________________________________________________

How does the pet react to strangers outside of the home?: ______________________________________________

____________________________________________________________________________________

Training - Play Preference

Does your dog have any training experience?: □ Yes □ No

Is the Pet Housebroken? □ Yes □ Still training □ No

What cues does the Pet know? (Sit, Lay Shake, etc.):_______________________________________________

____________________________________________________________________________________

How did you teach them these cues?: _____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What treats are your pet’s favorite?: ______________________________________________________________
How does your pet show affection/when they want affection?: __________________________________
____________________________________________________________________________________

What games does your dog like? □ Fetch □ Tug □ Chase □ Wrestling □ None □ Other (Please describe): __________________________________________________________________________
____________________________________________________________________________________

What is your dog’s Play style? Please go into detail: __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please go into detail how your pet initiates play time? (Do they grab a toy, Stare at you, run back and forth, etc.) __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

When does your pet initiate play time? (After dinner, when you first get home, before bed, etc.):
____________________________________________________________________________________
____________________________________________________________________________________

Has your pet played with a dog outside the home? □ No □ Yes:
If yes, how did your Pet play?: __________________________________________________________
____________________________________________________________________________________

General Behavior

Please check what your Pet has been around: □ Children □ Other Dogs □ Cats
If children were checked:
• Please describe how the pet reacted with them?__________________________________________
  __________________________________________________________________________________
  __________________________________________________________________________________

• What were the children ages?: __________________________________________________________

If other dogs were checked:
• Please describe how the pet reacted with them?__________________________________________
  __________________________________________________________________________________
  __________________________________________________________________________________

• What were the other dogs ages?: _______________________________________________________

• Please check what size dogs they were: □ Large □ Medium □ Small □ Micro
• Has your dog ever got into an altercation with another dog? □ Yes □ No
• Please describe the altercation(s)?__________________________________________________________________________________________
● How does your pet react when sharing food with another dog?: __________________________

_____________________________________________________________________________

_____________________________________________________________________________

• How does your pet react when sharing toys with another dog?: __________________________

_____________________________________________________________________________

_____________________________________________________________________________

If other cats were checked:

• Please describe how the pet reacted with them?______________________________________

_____________________________________________________________________________

_____________________________________________________________________________

• What were the cats ages?: _______________________________________________________

• How did the cats react to the dog? (Stay their distance, Hiss/swatt, Cuddle, etc): _____________

_____________________________________________________________________________

Has your pet ever bitten anyone before? □Yes (people) □Yes (Other pets) □Yes (Both) □ No
If the answer is yes, how many times have your pet bitten?: ____________________________________
Please into detail of each situation that occurred that caused your pet to do this? Also please give the
dates that each bite has occurred (if you do not remember when month is okay): ___________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Has your pet ever: □Bared Teeth □Growled □ Lunged □Snapped
If your pet has done anything that is listed please go into detail of the situation that occurred that caused
your pet to do this?: ___________________________________________________________________
____________________________________________________________________________________
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How does you pet react when they are scared?: _____________________________________________
____________________________________________________________________________________

Please describe any behavior that an adopter needs to be aware of and the circumstances in which they
occur (destructive behavior, excessive barking, separation anxiety, etc) That is not listed above: _______
How does your pet react when giving them a bath, nail trimming, body handling? ___________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
How does your pet react if yes?: _________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
How does your pet react if woken up unexpectedly?: _________________________________________
____________________________________________________________________________________
How do you respond to pet’s behavior that you do not like?: ________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Is there anything you would like to add about this Pet? Please turn over to write as much as you
want. The more information we have about this Pet allows us to be better equipped to find a better
match for this Pet!
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LHS Use Only

Pet’s Name:       LNHS-A-       Date:       Staff Initials: