

Foster Dog Profile

Dog's Name	AKC Registration number
Foster Parent	Address
Phone#	
DESCRIPTION OF DOG	
Age or approximate birth date	Male 🗆 Female 🗆
Spayed or neutered? yes \square no \square Mid	crochip?
	Manufacturer Microchip #
_	ttoo?
Height	
MEDICAL HISTORY	
Vaccination Records Available? Yes □ No	□ Records attached? Yes □
No 🗆	
Seen byDVM on / /	20
Significant	
Findings:	
Treatment? Yes No	Follow up treatment needed? Yes
Daily Medications? Yes 🗆 No 🗆	Supplements? Yes □ No □
Please List Medications and/or supplements:	• •
	

FEEDING	
Brand	Cup(s) per
Feeding	
Treats	
TRAINING	
House trained? Yes \square No \square	Gives Following Signal(s)
Crate Trained? Yes No crate?)	(Eat in crate? Sleep in crate? Ride in
Walks well on lead? Yes \Box No \Box	
Appears to know Following Commands	
Sit Stay Come Down other	No □ Off □
Rides in car well	
SOCIALIZATION/PERSONALITY Good with Children? Yes No	Comments
Good with Dogs? Yes □ No □ Con	mments
Good with Cats? Yes □ No □ Cor	nments
Activity Level Low Moderate High Comments	
Personality Traits Friendly/Outgoing Insecure/Clingy Reserved Q	□ Independent □ Stubborn □ uiet/Calm □ Shy □ Easily Frightened
Dominant Submissive	
Any behaviors/habits/traits not listed above	
	
	-
Comments/Concerns	