



FOSTER DOG PERSONALITY PROFILE

Please complete this questionnaire in advance and bring it in with your foster on the day of their return to the shelter. The Receiving Team will attach this form to their kennel card, which will make it available to both personnel and potential adopters. The more detailed information you provide, the better job we can do of matching your foster animal to the appropriate adoptive home. Thank you in advance!

Dog's Name _____ Animal ID # _____ Return Date: _____

Length of Time in Foster: _____ Are they returning early? No__ Yes__

Reason Fostered? Age/weight __ Medical__ Socialization__ Injury__ Shelter Vacation__

FOSTER BEHAVIOR INFORMATION

Describe the ideal home for your foster animal:

Cute things your foster does that could be endearing to a future adopter:

What kinds of routines and activities does your foster like most?

How social is your foster when meeting new people? Describe their behavior.

What are her/his favorite games and toys?

Please list anything s/he may be afraid of (e.g. thunder, vacuum, etc.)?

How does s/he react when afraid (hides, growls, etc.)?

Did s/he stay with other animals? No__ Yes__

If yes, what kind? Dogs__ Cats__ Rabbits__ Birds__ Other _____

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How did s/he get along with them?

How does s/he react toward unknown dogs?

Did s/he live with children? No ___ Yes ___ Ages: _____

If yes, how did s/he get along with them?

When was the dog most active? Early ___ Daytime ___ Late ___ All day ___ Never ___

Is s/he used to walking on a leash? No ___ Yes ___

Has s/he had any training while in foster care? No ___ Yes ___

If yes, what have you been working on?

What cues does s/he know, including tricks?

In what ways was s/he corrected? Verbal ___ Time-out ___ None ___ Other _____

How did s/he respond to correction?

Complies ___ Sulks ___ Growls ___ Snaps ___ Other _____

Please check any and all problems you experienced with this foster dog:

“Marks” indoors ___

Chews ___

Fearful ___

Mouths when playing ___

Jumps on people ___

Has excessive energy ___

Howls or whines ___

Bolts out doors ___

Growls ___

Barks excessively ___

Digs ___

Has bitten ___

Additional Behavior Notes:

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FOSTER CARE INFORMATION

Food Preferred _____ Amount _____ How often? _____

Where did the cat stay during the foster period? _____

Single-level House__ Multi-level House __ Apartment/Condo__

Was the foster usually confined? No__ Yes (during the day)__ Yes (overnight)__

If yes, where? Yard__ Crate__ Kitchen__ Other _____

For how many hours a day were they confined? _____

Why (e.g. housebreaking, chewing, to provide a "den," etc.)?

Where does s/he sleep? _____

How long is s/he able to go without eliminating? _____

Where does s/he eliminate (yard, on walks, paper, etc.)? _____

How often did you take the dog outside? _____

If crate trained, does s/he soil the crate? No __ Yes__

Additional Care Notes: