SALUKI PERSONALITY PROFILE

For office use only. Code Number:

In an effort to help us place your pet in an environment best suited to its needs, we ask that you complete this questionnaire as completely and honestly as possible. Your identity and that of the dog will remain confidential unless you specify to the contrary. The dog will be assigned a code number to maintain confidentiality.

Name of Dog:
Age:
Sex: Altered:

Color/Markings:
Smooth: Feathered:
Tattoo: Microchip: AKC Reg. #:

Vaccinations and Heartworm Medication (please give dates):

<table>
<thead>
<tr>
<th>Vaccine/Medication</th>
<th>Date Given</th>
<th>Date Due</th>
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</thead>
<tbody>
<tr>
<td>Rabies</td>
<td></td>
<td></td>
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<tr>
<td>Lyme</td>
<td></td>
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<tr>
<td>DHLPP</td>
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<tr>
<td>Corona</td>
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<tr>
<td>Bordatella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heartworm Med.</td>
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</tbody>
</table>
Other [ ]

Any known adverse reactions to vaccinations—if yes, what?

Heartworm Medication:
   Given daily:   Given Monthly:
Is the dog on any medication?   If so, what and why?

Is this dog familiar with nail clipping and having its teeth brushed as a regular part of grooming?  
Yes ( )   No ( )

Veterinarian's Name:
   Veterinarian's Address:
   Veterinarian's Telephone:

Has the dog had any past health problems?  If so, what?

Do you have any AKC or other ownership papers to accompany the dog?

Has the dog been taught any tricks or commands?  Yes ( )  No ( )
   If yes, what?

Has the dog received any obedience or other training?  Yes ( )  No ( )
   If yes, what kind?

What are the dog's favorite games or toys?

Has this dog lived with other animals?  Yes ( )  No ( )
   If so, what kind?

Has this dog been exercised off leash?  Yes ( )  No ( )
   Describe:

List words in dog's vocabulary:

Has this dog flown in an airplane?  Yes ( )  No ( )
Is this dog crate trained?  Yes ( )  No ( )

Is the dog primarily a:  house dog  yard dog  both

Is the dog housebroken?  Yes ( )  No ( )
If not, why?

Can the dog be trusted to stay by itself in the house for extended periods of time?  Yes ( )  No ( )
If not, why?

Can the dog be trusted to stay by itself in a fenced yard?  Yes ( )  No ( )
If not, why not?

How long have you owned this dog?

Has this dog always lived with you?  Yes ( )  No ( )
If no, give brief history:

Does the dog dig to get out of the yard?  Yes ( )  No ( )
If yes, to be with you or to run away?

Does the dog jump fences?  Yes ( )  No ( )
If yes, how high?

Has the dog been kept on a chain?  Yes ( )  No ( )
If so, why?

Where does the dog sleep?
When is the dog normally fed?
What brand of food does the dog eat?
Amount of food at each feeding?
Does the dog eat any "people foods?" If so, what?

Was the Saluki obtained from (please circle):
Friend  Pet  Shop  Gift  Stray  Abandoned
Animal Shelter  Breeder  Other:

Has the dog ever bitten anyone?  Yes ( )  No ( )
If yes, when and why?

Does the dog have any particular fears? (e.g. thunder, vacuum, garbage truck, etc.)

<table>
<thead>
<tr>
<th>Does the dog:</th>
<th>Yes ( )</th>
<th>No ( )</th>
<th>Sometimes ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tear furniture</td>
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<tr>
<td>Tear carpets</td>
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<tr>
<td>Dump trash</td>
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<tr>
<td>Bark/howl a lot</td>
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<tr>
<td>Roam</td>
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<tr>
<td>Dig holes in the yard</td>
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<tr>
<td>Chase cars</td>
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<tr>
<td>React negatively to uniforms</td>
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<tr>
<td>Walk on leash</td>
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<tr>
<td>Ride well in a car</td>
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<tr>
<td>Chew inappropriate objects</td>
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<tr>
<td>Play with his own toys</td>
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<td></td>
</tr>
<tr>
<td>Like to be with new people</td>
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<tr>
<td>Like children</td>
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<td>Like women</td>
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<td></td>
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<tr>
<td>Like men</td>
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<tr>
<td>Like other dogs</td>
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<td></td>
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<tr>
<td>Like cats</td>
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<tr>
<td>Come when called by name</td>
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</tbody>
</table>
Bite or snap at people: Yes ( ) No ( ) Sometimes ( )

Describe this dog with people: (circle all that apply)

- one person pet
- shy
- friendly
- destructive
- noisy
- active
- protective
- obedient
- playful
- easygoing
- quiet
- aggressive

Are there any special problems that we should understand concerning this dog?

Are there any comments you would like to make?

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**STOLA Contact Information for this transaction:**

Region:
Regional Coordinator:
Allied Club or Organization (if applicable):
Address:

Phone:
Email:
STOLA Volunteer:
Volunteer’s Address:

Volunteer’s Phone:
Volunteer’s Email:
Volunteer’s Signature: