

# Rolling Meadow Kennels & Canine Training, LLC

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## Pet Personality Profile

### General Information

How did you hear about Rolling Meadows Academy? Word of Mouth \_\_\_\_\_, Internet \_\_\_\_\_,  
Newspaper \_\_\_\_\_, TV \_\_\_\_\_, Signs \_\_\_\_\_, Other \_\_\_\_\_, Vets office \_\_\_\_\_, Name of vets office or person \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_ Yrs \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Where did you get your pet? Shelter \_\_\_\_\_, Rescue \_\_\_\_\_, Breeder \_\_\_\_\_  
NAME \_\_\_\_\_

If adopted, do you have knowledge of your pet's past history? Yes \_\_\_\_\_, No \_\_\_\_\_  
if yes, describe: \_\_\_\_\_

How many people in your household? Adult \_\_\_\_\_, Children \_\_\_\_\_

List additional animals in your household:

Species	Breed	Age	Sex
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe how your pet gets along with the other animals in your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions on your dog's activities or movements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any allergies? List: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any current medical problems; include accidents causing injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Does your pet have any sensitive areas on his/her body? Yes \_\_\_\_\_, No \_\_\_\_\_, Explain \_\_\_\_\_  
\_\_\_\_\_

Does your pet like being brushed? Yes \_\_\_\_\_, No \_\_\_\_\_, Explain \_\_\_\_\_  
\_\_\_\_\_

Are there any certain people your pet automatically fears or dislikes? Example: Man wearing a hat, etc. \_\_\_\_\_  
\_\_\_\_\_

List any animals your pet automatically fears or dislikes? None noted \_\_\_\_\_, He/she dislikes \_\_\_\_\_

Where does your pet spend his time at home? Run of the house \_\_\_\_\_, Confined to one room \_\_\_\_\_, Fenced or (IF) yard \_\_\_\_\_, Outside kennel \_\_\_\_\_, Other \_\_\_\_\_

How many times per week is your dog leash-walked outside? \_\_\_\_\_ Times, How long are your walks? \_\_\_\_\_ Miles or \_\_\_\_\_ Minutes

Does your dog sleep in a Porta-Kennel (crate)? Yes \_\_\_\_\_, No \_\_\_\_\_,

Has your dog ever bitten anyone? Yes \_\_\_\_\_, No \_\_\_\_\_, what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

Check the following obedience and behavior problems your dog has in order of their importance: Obedience \_\_\_\_\_, Attention \_\_\_\_\_, Aggression \_\_\_\_\_, Dominance \_\_\_\_\_, Jumping \_\_\_\_\_, Pulling \_\_\_\_\_, mouthing \_\_\_\_\_, Barking \_\_\_\_\_, Digging \_\_\_\_\_, Housebreaking \_\_\_\_\_, Come \_\_\_\_\_, Other \_\_\_\_\_

Is your pet frightened by any noises? Yes \_\_\_\_\_, No \_\_\_\_\_, List: \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever growled or snapped at anyone taking food or toys away? Yes \_\_\_\_\_, No \_\_\_\_\_, Explain \_\_\_\_\_

Has your dog ever shared his/her food with other animals? Yes \_\_\_\_\_, No \_\_\_\_\_, Explain \_\_\_\_\_  
\_\_\_\_\_

Does your dog play with toys (retrieve)? Yes \_\_\_\_\_, No \_\_\_\_\_, If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

Does your dog play with other dogs? Yes \_\_\_\_\_, No \_\_\_\_\_, Explain his attitude: \_\_\_\_\_  
\_\_\_\_\_

What commands does your dog understand? \_\_\_\_\_  
\_\_\_\_\_



Who trains this dog? \_\_\_\_\_, how often \_\_\_\_\_

Who disciplines this dog \_\_\_\_\_  
Method used: \_\_\_\_\_

What type of collar do you use to train with and walk your dog? Nylon buckle collar \_\_\_\_\_,  
Leather buckle collar \_\_\_\_\_, Choke chain \_\_\_\_\_, Prong Collar \_\_\_\_\_, remote electric collar, \_\_\_\_\_ Halti \_\_\_\_\_,  
Harness \_\_\_\_\_, Other \_\_\_\_\_, Briefly describe your view of correction collars \_\_\_\_\_

Other comments or information about your dog that you feel might be helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have answered all questions to the best of my knowledge.

Owner Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_, Breed: \_\_\_\_\_, Color: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing Rolling Meadows Academy,  
Allen & Barbara Simpson