

Dog Antics Dog Training. Dog Profile.

| | | | |
|-------------------------|-------------------------|---------------------------|--------------------|
| Name (human): | | Dog's Name: | |
| Phone(s): Day: | Evening or Cell: | Breed Type or Mix: | Registered? |
| Email: (Print) | | Age or D.O.B: | Sex: |
| Spayed/Neutered: | | Dog's Vet: | |

Number of people in household: _____ # of Children _____ Ages _____
 Where did you obtain dog? _____ At what age? _____
 If you met the parents describe there temperament: _____
 Number of dogs in household: _____ Breeds/Ages _____
 Has Do you have problems with your dog around other; Dogs _____ Children? _____
 Mail carriers? _____ Men? _____ Women? _____ Other animals _____
 Please explain: _____
 Have you attended any other dog training classes? _____
 Has this dog been shown professionally (AKC/UKC)? _____ Has this dog produced any litters? _____
 Any special needs? _____

How would you describe your dog? Please circle a number that approximates his or her temperament.

| Calm and relaxed (more this) | ←——→ | | | | | (or more this way) Constant energy |
|------------------------------|------|---|---|---|---|------------------------------------|
| Sensitive and Gentle or | 1 | 2 | 3 | 4 | 5 | Insensitive and rough |
| Attentive to you or | 1 | 2 | 3 | 4 | 5 | Distracted ; |
| Confident with people or | 1 | 2 | 3 | 4 | 5 | Fearful/cautious |
| Confident with other dogs or | 1 | 2 | 3 | 4 | 5 | Fearful/cautious |

Please check the behaviors that apply to your dog.

| | | | | | | | |
|--------------------------|---------------|--------------------------|----------------------|--------------------------|-----------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | House soils | <input type="checkbox"/> | Jumps up | <input type="checkbox"/> | Fights with dogs | <input type="checkbox"/> | Shy |
| <input type="checkbox"/> | Chews | <input type="checkbox"/> | Unruly | <input type="checkbox"/> | People Aggressive | <input type="checkbox"/> | Defensive |
| <input type="checkbox"/> | Barks | <input type="checkbox"/> | Doesn't obey | <input type="checkbox"/> | Growls | <input type="checkbox"/> | Fearful |
| <input type="checkbox"/> | Digs | <input type="checkbox"/> | Runs away (escapes) | <input type="checkbox"/> | Has bitten | <input type="checkbox"/> | Anxious |
| <input type="checkbox"/> | Howls | <input type="checkbox"/> | Mouthy | <input type="checkbox"/> | Guards food | <input type="checkbox"/> | Escapes |
| <input type="checkbox"/> | Eats stool | <input type="checkbox"/> | Demanding | <input type="checkbox"/> | Guards toys | <input type="checkbox"/> | Skittish |
| <input type="checkbox"/> | Eats junk | <input type="checkbox"/> | Home alone issues | <input type="checkbox"/> | Overprotective of yard | <input type="checkbox"/> | Chews on self |
| <input type="checkbox"/> | Steals food | <input type="checkbox"/> | Pulls on Leash | <input type="checkbox"/> | Over protective of you | <input type="checkbox"/> | Frequent ear infections |
| <input type="checkbox"/> | Gets in trash | <input type="checkbox"/> | Will not come to you | <input type="checkbox"/> | Marks territory (inappropriately) | <input type="checkbox"/> | Itches a lot |

Describe your dogs behavior on an average day: _____
How much exercise does your dog get per day? _____ Per week? _____ What kind of dog food do you feed?
 _____ Do you also feed treats, people food, medications, or anything else _____ **Where does your dog sleep:** Night _____ Day _____ How long is your dog alone each day? _____
Any food or other allergies? _____

Behavior Problems

Pick the top two problems you would like to start working on:

1. Problem : _____ Frequency: _____ When did it start? _____ Any trigger that make the problem worst? _____
 _____ What have you tied? _____

Other helpful info: _____

2. Problem: _____ Frequency: _____ When did it start? _____ Any trigger that make the problem worst? _____
 _____ What have you tied? _____

Other helpful info: _____