

# ACADEMY OF CANINE BEHAVIOR

INTAKE TRAINER: \_\_\_\_\_

## TRAINING DOGS

File # \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
*Owner's e-mail address* \_\_\_\_\_

### TRAINING HISTORY

- Has your dog been in the Board and Train program at the Academy before?.....  YES  NO  
Has your dog had an individual evaluation here before? .....  YES  NO  
Have you taken your dog through any training classes here at the Academy?.....  YES  NO  
If yes, which ones(s)? \_\_\_\_\_ When completed? \_\_\_\_\_  
Have you taken your dog to classes/training elsewhere? .....  YES  NO  
If yes, where? \_\_\_\_\_ When completed? \_\_\_\_\_

### BEHAVIOR ISSUES

- Does your dog have aggression issues towards adults? .....  YES  NO  
Does your dog have aggression issues towards children? .....  YES  NO  
Has your dog exhibited ANY aggression during a veterinary exam? .....  YES  NO  
Does your dog have aggression issues towards dogs while on leash? .....  YES  NO  
Does your dog have aggression issues towards dogs while off leash? .....  YES  NO  
Does your dog have aggression issues towards small animals? .....  YES  NO  
Please briefly describe any aggressive or other behavior problems you may be having with your dog:  
\_\_\_\_\_  
\_\_\_\_\_

### TRAINING PRIORITIES

Please tell us the most important thing(s) you would like us to work on with your dog during his/her stay with us:

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

### MEDICAL INFORMATION

- Does your dog have existing medical conditions? .....  YES  NO  
Does your dog have previous medical conditions? .....  YES  NO  
If yes to either, please briefly explain \_\_\_\_\_

- Has your dog been on any medication(s) over the past three months? .....  YES  NO  
Is your dog on any existing medication(s)? .....  YES  NO  
If yes, please briefly explain \_\_\_\_\_

### ADDITIONAL IMPORTANT INFORMATION

What type of collar do you use when you are working with your dog? \_\_\_\_\_  
Where does your dog sleep at night? \_\_\_\_\_

- Have there been any major changes in your dog's life in the past three months? .....  YES  NO  
If yes, please briefly explain \_\_\_\_\_

Do you have any children or other adults living at home? .....  YES  NO  
Age and name \_\_\_\_\_

Do you have any other animals at home? .....  YES  NO  
Species, sex, and age \_\_\_\_\_

- Do you have a fenced backyard? .....  YES  NO
- Do you take your dog to dog parks? .....  YES  NO
- Do you take your dog on walks regularly? .....  YES  NO
- Does your dog pull you on your walks? .....  YES  NO
- Does your dog know how to go into a crate? .....  YES  NO
- Will your dog let you brush him/her? .....  YES  NO
- Does your dog allow you to trim his/her toenails? .....  YES  NO
- Does your dog allow you to clean his/her ears? .....  YES  NO

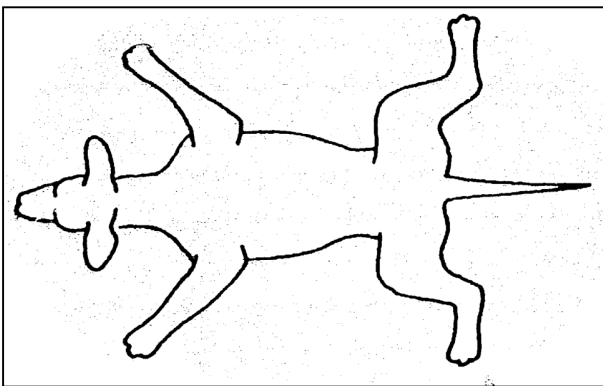
**INTAKE: TRAINER TO FILL OUT WITH OWNER(S)**

Intake Trainer: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PHYSICAL CONDITION OF DOG**

Weight on Intake: \_\_\_\_\_  Too Heavy?  Too Thin?

- Does the dog appear healthy? .....  YES  NO
- Are the dog's eyes clear? .....  YES  NO
- Are the ears dirty? .....  YES  NO      If Yes.....  Right  Left
- Is the coat free of mats? .....  YES  NO
- Is the skin dry? .....  YES  NO
- Does the dog have any marks, wounds, or sores? .....  YES  NO
- Are the dog's nails long? .....  YES  NO



**\*If marked Yes on any of the above, please indicate where on diagram.**

- |    |                       |
|----|-----------------------|
| M- | Mats, Tangles in Coat |
| X- | Scabs, Scrapes        |
| O- | Old injury            |

**BEHAVIOR OF DOG**

The dog's personality is:  Outgoing & Friendly  Shy & Reserved  
In the Lobby, the dog:  Barked at dogs/people  Hid behind owners

SIGNED: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
(Owner/Agent)