

ACADEMY OF CANINE BEHAVIOR

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