



Puppy & Dog School
0427 544 497

DOG PROFILE FORM:

General Profile for: _____

About you:

Name: _____ **Address:** _____

Home Telephone: _____ **Mobile:** _____

What age children do you have at home?

0 – 5 () 5 – 10 () 10 – 14 () > 14 ()

Have you ever attended dog training with any dog? () Yes () No

If “yes”, was the training with : _____ this dog () or another dog ()

Which of the following did you use whilst training your dog(s)?

| | |
|--------------------------------|------------------------------|
| Choker/ check chain () | standard collar () |
| Harness () | head halter () |
| Food () | toys () |
| Electronic collar () | citronella collar () |
| Petting () | praise () |
| Play () | punishment () |

Other (please describe): _____

About your dog:

Name: _____ **Breed:** _____ **Age:** _____

Sex: _____ **Desexed:** _____ **Yes () No ()**

Age of dog when obtained: _____ **N° of litter mates (if known)** _____

Obtained from where: Pet shop () pound () breeder ()

Is this your first dog ? Yes () No () is this your only dog? Yes () No ()

If you have other dogs, what breed, age and sex are they?

When you are at home is your dog: outside () inside () some of both ()

When he is left alone, is he: outside () inside () some of both ()

Please tick every box which you feel applies to your dog:

- | | |
|---------------------------------------|--|
| Has bitten someone () | Has bitten another dog () |
| Pushy () | Has growled at people () |
| Has growled at another dog () | Protective () |
| Barks excessively () | Fearful of other dogs () |
| Chews a lot () | Does not come when called () |
| Likes retrieving () | Digs a lot () |
| Anxious when alone () | Has excess energy () |
| Independent () | Suspicious/ shy with strangers () |
| Likes new people () | Stubborn () |
| Fearful of other dogs () | Dislikes grooming () |
| Destructive () | Jumps on people () |
| Likes other dogs () | Pulls on the lead () |
| Likes to be with you a lot () | Seeks attention () |
| Unruly in car () | Bites at hands, clothes or bodies () |
| Plays too roughly () | Likes children () |
| Fearful of water () | Fearful of noises/ storms () |
| Chases things () | Won't bring retrieved items back () |
| Sits in front seat of car () | Toilet trained () |

Which of your dog's behaviour's do you feel could be improved?

Do you or dog have any medical conditions that may affect your participation in a training program?

What would you like to achieve with this program? Please be specific about your expectations:

Any other comments you would like to make?

