

PICK OF THE LITTER DOG TRAINING

Student Profile Form

Your Name _____

Address _____ City _____ Zip _____

Email Address _____

Would you like to receive our quarterly newsletter by email? yes no thanks

Dog's Name _____ Breed _____ Age _____ DOB _____

Sex (male or female) _____ Status: intact spayed neutered

What age was your dog when you acquired it? _____

Where did you get your dog? breeder pet store shelter friend other:

Previous Training: none at home private trainer puppy class obedience class

How did you learn about this class? _____

What would you like to accomplish in this class? (i.e. what are your goals, in order of importance)

1. _____
2. _____
3. _____

Does your dog...

1. sit with word? sit with hand signal? sit without treats?
2. down with word? down with hand signal? down without treats?
3. sit and stay? down and stay? come without treats?
5. come to you inside? come to you outside?
6. walk nicely on leash?
7. drop items as requested (drop it/give)? leave items as requested (leave it)?

What behavior problem(s) does your dog exhibit? (circle)

BARKING JUMPING UP CHEWING DIGGING HOUSE SOILING
MOUTHING EXCESS ENERGY FEAR/SHYNESS PUSHY BEHAVIOR/DOMINANCE
BOLTING OUT DOORWAYS CHASING GUARDS FOOD/TOYS

OTHER: _____

Has your dog ever acted aggressively with another dog or a person? (circle, if appropriate)

GROWL LUNGE SNAP GRAB BITE (did not break skin) BITE (broke skin)

Any other comments?