

DOGGIE DEPOT

Training Enrollment Form

Complete a profile for each dog to be enrolled for training at Doggie Depot. There are no right or wrong answers as all dogs are unique.

Owners Name(s):	Today's Date:
Address:	
Phone Number:	Email Address:
What class are you enrolling in?	Class start date:

1. Profiled Dog Information

Dog's Name:	Breed:
Dog's current age:	How old was your dog when you got him/her?
How long have you owned your dog?	Years: Months:
Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	If adopted, what knowledge do you have of your dogs past history?

2. General Household Information

a. People in Household

Total # of people living in your household:		# of adult males:	# of adult females:
Male Children:		Female Children:	
How many are there?	What are their ages?	How many are there?	What are their ages?

b. Other Dogs & Cats in Household

Breed - Dogs	Age	Sex	Spayed or Neutered
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many cats do you have?	

3. Health/Grooming

1) How does your dog react to having his/her nails clipped?
2) Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what have you tried to make it more enjoyable?
3) Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
4) Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
5) Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause:
If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> Other (Please explain)

3. Health/Grooming (Continued)

6) How frequently is your dog walked outside?	7) How long are your walks?
8) Indicate from the following the overall level of exercise that best describes your dog's routine:	
<input type="checkbox"/> Couch Potato	Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
<input type="checkbox"/> Mild Exerciser	Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
<input type="checkbox"/> Moderate Exerciser	Long or multiple walks daily and/or regular playtime with human or dogs.
<input type="checkbox"/> Athlete	Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.

4. Behavior

a. Relations with people and other animals

1) Indicate from the following the level of dog socialization that best describes your dog's routine:	
<input type="checkbox"/> None – No knowledge of other dog interaction	<input type="checkbox"/> Minimal – On lead encounters only
<input type="checkbox"/> Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)	
<input type="checkbox"/> Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etc.	
2) Does your dog like children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) How does your dog react to a stranger coming into your home or yard?	
4) How does your dog react to another dog approaching it in a park, at the beach or on a walk?	
a. On Leash:	b. Off Leash:
5) Has your dog ever shared his/her food or toys with other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her food or toys?	
6) Where does your dog sleep? <input type="checkbox"/> Inside the house <input type="checkbox"/> Outside the house <input type="checkbox"/> Inside/Outside-varies	
In which room in the house does your dog sleep?	Where in the room does your dog sleep? <input type="checkbox"/> Crate <input type="checkbox"/> Owner's bed <input type="checkbox"/> Dog Cushion/Bed on floor <input type="checkbox"/> Other (Please describe)
7) Has your dog ever jumped up on someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?	
8) Has your dog ever growled at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	
9) Has your dog ever bitten someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	

4. Behavior (Continued)

b. General behavior

1) Is your dog frightened by any noises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what noises?																				
2) Is your dog frightened of or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.																				
3) Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?																				
4) Does your dog have any problems in any of the following areas? If yes, please explain. a) Mouthiness: <input type="checkbox"/> Yes <input type="checkbox"/> No b) Housetraining: <input type="checkbox"/> Yes <input type="checkbox"/> No c) Barking: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Digging: <input type="checkbox"/> Yes <input type="checkbox"/> No e) Ignoring commands: <input type="checkbox"/> Yes <input type="checkbox"/> No																				
5) Please circle anything that applies to your dog:																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Fearful</td> <td style="width: 25%;">Guards Food</td> <td style="width: 25%;">Growls</td> <td style="width: 25%;">Shy</td> </tr> <tr> <td>Destructive</td> <td>Won't Listen To Me</td> <td>Pushy</td> <td>Bites</td> </tr> <tr> <td>Noisy</td> <td>Excessive Energy</td> <td>Aggressive</td> <td>Dominant</td> </tr> <tr> <td>Not Good With People</td> <td>Not Good With Dogs</td> <td>Too Attached To Me</td> <td>Mouthy</td> </tr> <tr> <td></td> <td></td> <td>Other: _____</td> <td>Other: _____</td> </tr> </table>	Fearful	Guards Food	Growls	Shy	Destructive	Won't Listen To Me	Pushy	Bites	Noisy	Excessive Energy	Aggressive	Dominant	Not Good With People	Not Good With Dogs	Too Attached To Me	Mouthy			Other: _____	Other: _____
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		Other: _____	Other: _____																	
Briefly explain what you have circled above: _____ _____ _____																				

c. Previous Training

1) Have you attended an obedience class before with any dog? If yes, when and where?
2) What did you like most about that class?
3) Have you attended an obedience class with THIS dog? If yes, when and where?
4) What did you like most about that class?
5) What do you want to accomplish in this class?
6) What concerns you the most about your relationship with THIS dog?

Owner Signatures	
Owner #1: _____	Date: ___/___/___
Owner #2: _____	Date: ___/___/___