

DOG OBEDIENCE CLASS REGISTRATION

GENERAL INFORMATION

CLIENT NAME _____ DATE _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME# _____ WORK# _____ CELL# _____
EMAIL _____
OCCUPATION _____ # CHILDREN IN HOME _____
OTHER PETS IN HOME _____
DOG'S NAME _____ AGE _____ BREED _____
SEX _____ IS YOUR DOG NEUTERED/SPAYED _____
PHYSICAL DESCRIPTION _____
IS THE DOG YOU ARE ENROLLING, A DOG THAT YOU HAVE ADOPTED FROM THIS SHELTER? _____
HOW OLD WAS YOUR DOG WHEN YOU GOT HIM/HER? _____

BEHAVIOR INTERVIEW

DOES YOUR DOG HAVE ANY BEHAVIORAL PROBLEMS: _____house soils _____jumps_____ shy
_____aggression _____runs away _____chews _____bites _____digs _____barks _____howls _____fights
Has your dog ever growled, snapped or bitten you or anyone else? _____
Does your dog get nervous around strangers? _____
Has your dog ever shown aggression towards other dogs? _____
Does your dog "nudge" you to petting him/her when he is with you? _____sometimes _____always
Do you think your dog has ever done anything to be spiteful? _____
Does your dog get upset when you leave him/her alone? _____ What does he do? _____
How much aerobic exercise does your dog receive on a daily basis? _____

OWNER INTERVIEW

Is this the first dog you have ever owned as an adult? _____ Is your dog like a child to you? _____
Do you tend to "spoil" your dog? _____ How? _____
Are you consistent in your expectations of your dogs behavior? _____
(ex. Do you sometimes allow certain behavior then others time not allow them?)
Do you confine your dog away from you? (room, crate, yard, etc.) _____
Do you constantly repeat commands to get your dog to work for you? _____
How do you discipline your dog? _____ Does it work? _____
Do you ever punish your dog? _____ Have you ever punished your dog for house soiling? _____
Does your dog live in the house? _____ If not, where? _____ If not, why? _____
Is your dog allowed on your furniture? _____ In your bed? _____ Frequency? _____
How many walks on a leash do you take your dog on each day? _____
Do you allow your dog off leash? _____ When? _____ Does he come when called? _____
Do you have a fenced yard? _____ What types of fencing? _____

DIET/HEALTH INFORMATION

Dog food brand _____ Cups/day _____ Frequency of meals _____

How does your dog eat: _____ Eats all food in bowl at mealtime _____ Nibbles throughout the day

_____ Sometimes does not eat its meal at all

_____ Sometimes we have to mix in more palatable food to encourage eating

In my opinion my dog is: _____ Ideal weight _____ Underweight _____ Overweight

Is your dog on heartworm prevention? _____ Brand _____ Frequency _____

Is your dog on flea prevention? _____ Brand _____ Frequency _____

Any other medication? _____ For _____

Overall, is your dog healthy? _____

Who is your veterinarian? _____ When was your last visit? _____

Is your dog up to date on all the yearly vaccinations? _____ (ex. rabies, distemper, bordetella, etc.)

Does your dog have a current County Licenses? _____

License Number _____ Expires _____

*****THERE IS A \$20.00 DONATION FEE FOR ALL DOGS WITHOUT A SHELTER WAIVER.

Signature _____

Date _____