



DOG TRAINING REGISTRATION FORM

Owner's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Other people living in the house (include ages please): _____

DOG INFORMATION:

Name: _____ Breed: _____ Gender: _____

Age: _____ Weight: _____ How long have you had your dog? _____

Where or who did you get this dog from? _____

Does your dog have any allergies or medical problems? _____ If so, please list them.

What other animals do you have in your home? (Breed and Age)

Does your dog get along with other dogs? _____ Cats? _____ Children? _____

Is your dog crate trained? _____ Is your dog housebroken? _____

How do you exercise your dog? _____ How often? _____

How does your dog react to people at your door? _____

How does your dog react to other dogs while on a walk? _____

How does your dog react to strangers while on a walk? _____

How does your dog react when you take away a toy? _____

How does your dog react when you take away food? _____

How does your dog react when you take away a treat? _____

Has your dog ever bitten a person? _____ Another dog? _____ Describe the situation.

How do you reprimand your dog? _____

Please check the box next to any of the following problem behaviors you are experiencing with your dog.

- | | |
|---|--|
| <input type="checkbox"/> Housetraining | <input type="checkbox"/> Aggression towards other dogs |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Aggression towards strangers |
| <input type="checkbox"/> Coming When Called | <input type="checkbox"/> Aggression towards children |
| <input type="checkbox"/> Jumping Up | <input type="checkbox"/> Aggression over food |
| <input type="checkbox"/> Destruction | <input type="checkbox"/> Aggression over toys |
| <input type="checkbox"/> Mouthing / Nipping | <input type="checkbox"/> Aggression over treats |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Pulling on the Leash | <input type="checkbox"/> Excited Greetings |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Counter Surfing | <input type="checkbox"/> Submissive Urination |

What is the main problem you want a trainer to help you with?

How much time are you willing to spend each day at home working with your dog?
