

Happy Paws

Pet Camp



Training Enrollment Form

Today's Date: ____/____/____

Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help us to serve you better.

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

() House () Townhome () Apartment () Other

Fenced Yard: () Yes () No Invisible Fence: () Yes () No

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Pet's Name: _____ Breed/Mix: _____

Weight: _____ Color / Unique Markings: _____

Pet's Sex: () M () F Pet's Birthday: _____ Age: _____

Is the dog Spayed or Neutered? () YES () NO If Yes, at what Age? _____

How did you hear about us? _____

Where did you obtain your dog?

() Breeder () Individual () Shelter () Rescue Group () Pet Store

() Friend/ Relative () Found Stray () Other _____

How long have you had your dog? _____ (must have dog a minimum of 30 days)

Why did you get your dog? (Please check all that apply)

() Companionship () For the Kids () Protection () To Breed () Work

() Received as Gift () Assistance / Service / Therapy / Emotional Support

() Companion for another dog () Other: _____

Have you owned other dogs in the past? () YES () NO

If Yes, what breed? _____

Is your dog reliably house trained? () YES () Mostly () NO

Is your dog crate trained? () YES () NO Paper/pad trained? () YES () NO

Do you have a dog door? () YES () NO

MEDICAL:

Current health problems / medications: _____

Past health conditions / treatments: _____

Does your dog have any allergies, including food allergies? _____

Is your dog easily handled by vet staff? () YES () NO

Has he/she ever had to be muzzled? () YES () NO

EXERCISE:

What type of exercise does your dog get? (If not receiving any exercise currently, note "none" and the reason.) _____

How long does the exercise last / How often is it provided? (For example, "a 15-minute walk three times daily", or "plays with neighbor's dog for an hour once a week".)

Who is normally responsible for exercising your dog? _____

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle collar", "head halter", "body harness", "pinch/prong collar", "martingale". Leash examples: "6-foot nylon leash", "retractable leash".)

Collar: _____ Leash: _____

Does your dog ever become reactive toward other dogs or people on walks?

() YES () NO

If so, please describe: _____

ENVIRONMENT / LIFESTYLE:

List all people, including yourself, who live in your household:

Name	Gender	Age (children)	Relationship to you
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will be responsible for practicing training exercises with your dog? _____

Does your dog “belong to” a particular household member (e.g. son) or everyone? _____

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and if so, why? _____

Is the dog frightened of any household members, and if so, why? _____

HOME QUESTIONS:

Where is your dog kept when you are not at home? (mark all that apply)

() Outside () Outside Kennel () Back Yard () Tied or Chained in Yard

() Crate () Garage () Kitchen () Bathroom () Other Room

() Run of House () Doggy Daycare () Other _____

When you are at home, is your dog allowed in the house? () YES () NO

If No, why not? _____

If outdoor dog, would you like him to eventually be able to be indoors? () YES () NO

If indoor dog, is your dog ever confined (crated, penned) while you are home?

() YES () NO If yes, how long is your dog confined on an average day? _____

Reason: _____

Where does your dog sleep at night? _____

How many hours per day is your pet without human companionship? _____

Do you have other pets? () YES () NO

If yes, and your other pet is a dog or cat, how does your dog get along with the other pet?

LIKES / DISLIKES

Three things I like about my dog:

Three things I do not like about my dog:

Does your dog play with toys or play games? () YES () NO

If yes, what is his favorite toy/game? _____

What other activities does your dog enjoy? _____

TRAINING

How much training has your dog already had? (Mark all that apply)

- No Training Yet Trained him Ourselves Puppy Group Training
 Basic Group Training Intermediate Group Training
 Advanced Group Training Private Lessons Sent to Trainer

Training methods used (check all that apply): Treats Praise

Verbal Corrections Physical Corrections

Check all behaviors your dog knows:

- Sit Down Stay Come Walk nicely on leash
 Leave It Give Drop It Wait Go to your place
 Quiet Off (furniture or when jumps up)
 Other _____

Check all behaviors that apply to your dog:

- | | |
|--|---|
| <input type="checkbox"/> Aggressive (describe below) | <input type="checkbox"/> Fearful (describe below) |
| <input type="checkbox"/> Anxious when alone | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Pulls on leash | <input type="checkbox"/> Destructive when alone |
| <input type="checkbox"/> Mouthing / Nipping | <input type="checkbox"/> Chews furniture / property |
| <input type="checkbox"/> Digs in Yard | <input type="checkbox"/> Urinates in house |
| <input type="checkbox"/> Urinates when excited | <input type="checkbox"/> Defecates in house |
| <input type="checkbox"/> Steal food/objects/trash | <input type="checkbox"/> Darts out of doors/gates |
| <input type="checkbox"/> Escapes from yard | <input type="checkbox"/> Guards food/toys/chewie's/other |
| <input type="checkbox"/> Excessive attention seeking | <input type="checkbox"/> Jumps on furniture |
| <input type="checkbox"/> Stealing food | <input type="checkbox"/> Thunder/Firework phobia |
| <input type="checkbox"/> Nipping at heels/feet | <input type="checkbox"/> Play biting |
| <input type="checkbox"/> Stool consumption | <input type="checkbox"/> Understands but will not obey |
| <input type="checkbox"/> Excessive vocalization alone | <input type="checkbox"/> Excessive vocalization when we're home |
| <input type="checkbox"/> Threat/growl at other animals | <input type="checkbox"/> Threatening/biting strangers |
| <input type="checkbox"/> Threatening/biting family members | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Lunging (on leash) at __people __dogs __bicyclists __cars __joggers __strollers | |
- _____
- _____
- _____

List any procedures/training equipment you've used to try to correct the behaviors checked above: _____

What would you like help with, in order of importance?

Has your dog ever bitten anyone? () YES () NO Any animal? () YES () NO

If so, please describe in as much detail as possible _____

Has medical attention been necessary (for humans or animals) because of aggressive incident? () YES () NO

If yes, please explain: _____

What is your dog's usual reaction when a stranger enters your home? _____

Is there anything else you feel it would be important for us to know? _____

What is your expectation for the success of the behavior modification program?

- ___ My dog's behavior problem will be completely cured.
- ___ My dog's behavior will improve enough to be safe and manageable.
- ___ My skills and understanding of my dog will improve, but my dog's behavior will stay the same.
- ___ I am not optimistic that my dog's behavior can be modified, but I am willing to try.

How much time do you feel you can commit to a behavior modification program?

- ___ I'm very busy and don't have much time to work on training.
- ___ I can work on exercises a few times a week.
- ___ I can devote an hour or more per day to behavior modification exercises.

Whatever it takes, I am committed to my dog's training.

Are the other members of your household equally dedicated to the work involved in a behavior modification program?

It is my dog and the other members of the household don't want to be involved.

I don't know if everyone will want to be involved.

Everyone in the house is ready to do what it takes to help our dog.

There are no other people in the household.

What are your deal breakers? What would cause you to terminate the relationship with your dog?

The dog bites me.

The dog bites a friend or family member.

The dog bites a person outside the household.

The dog injures a dog or other animal.

The dog kills a dog or other animal.

None of the above.

Parent Signature