CLIENT & DOG PROFILE

About you

Name : ....

Address : .... Postcode: ....

Phone : .... Mobile: .... Email: ....

What age children do you have at home and how many? ☐ 0-5 .... ☐ 5-10 .... ☐ 10-14 .... ☐ >14 ....

Which of the following best describeds the property you and your dog live on?

☐ Flat/unit   ☐ House and an average yard   ☐ Property (up to 5 acres)   ☐ Farm

Have you ever attended dog training with any dog before?   Yes / No   (circle)

If "yes", was the training with: ☐ this dog   ☐ another dog

Which of the following did you use whilst training your dog(s)?

☐ Choker/check chain   ☐ Standard collar   ☐ Electronic collar   ☐ Citronella collar

☐ Harness   ☐ Head halter   ☐ Food   ☐ Toys

☐ Petting   ☐ Praise   ☐ Play   ☐ Punishment

☐ Other (please describe) ....

About your dog

Name : .... Breed: ....

Why did you select this breed? ....

Age : .... Male / Female (circle)   Desexed? Yes / No (circle)

Age of dog when obtained: .... Number of litter mates (if known) ....

Colour(s) and/or identifying marks: ....

Approx. height: .... Approx. weight: .... Last vaccination date: ....

Where was your dog obtained? ☐ Pet shop   ☐ Breeder   ☐ Shelter/Pound   ☐ Other (eg. friend) ....

Is this your first dog? Yes / No (circle)   Is this your only dog? Yes / No (circle)

If you have other dogs, what breed, sex, and age are they? Are they desexed?

1 ....

2 ....

3 ....

Please list any other pets in your household: ....

Does your dog get along with them? ....

Have your dog had any previous training (eg. puppy class)?   Yes / No   (circle)

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pooch

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If "yes", please specify the type of training and where: ....

When you're at home, is your dog: ☐ Outside   ☐ Inside   ☐ Some of both   ☐ Other ....

When he is left alone, is your dog: ☐ Outside   ☐ Inside   ☐ Some of both   ☐ Other ....

How many hours per day does your dog spend alone? ....

Where does your dog sleep? ☐ Outside   ☐ Inside, where .... ☐ Other ....

The main carer of this dog is: ....

Which of the following equipment have you used with this dog?

☐ Standard collar and lead   ☐ Check/choker/slip collar   ☐ Head halter

☐ Back attach harness   ☐ Front attach harness   ☐ Martingale/limited slip collar

☐ Citronella collar   ☐ Electronic collar   ☐ Invisible fence

☐ Remote   ☐ Prong collar

How many times a week does your dog go for a walk on a leash? .... How long each walk last? ....

How many times a week does your dog have a free run in off-leash area with other dogs? ....

Does your dog have any current or history of medical conditions that may affect your participation in a training program? (e.g. hearing or eyesight problem) ....

....

Who is your usual veterinarian: ....

Please tick (✓) the methods you currently use when interacting with your dog

Method	Often	Occasionally	Rarely
Treats or toys to reward your dog			
Praise or petting to reward your dog			
Verbal punishment for "bad" behaviour			
Physical punishment for "bad" behaviour			
Cues or signals to ask for behaviours			
Lure or targets to teach behaviours			
Physical positioning to gain behaviours			
Talk to your dog often			
Play roughly with your dog			
Reassurance when your dog is nervous			

Please tick (✓) which best indicates how often your dog performs the following behaviours

Behaviour	Usually	Occasionally	Rarely
Accept approaches from friendly strangers			
Sit politely to greet friendly strangers			
Be sociable with, or able to ignore, other dogs			
Settle quickly when required			
Respond to name and give eye contact			
Sit on **first** request			
Lie down on **first** request			
Stand on **first** request			
Come when called on **first** request			
Stay in position for about **10 seconds**			
Leave low level distractions when requested			
Walk on a **loose lead** most of the time			
Heel/walk close for about **5 steps**			

Has your dog ever growled at, lunged at, or bitten a **person** (adult and/or child), other than normal puppy mouthing?

Yes / No   (circle)   If "yes", please describe the incident(s) and ask to talk with me about this before starting course.

....
....
....
....

Has your dog ever growled at, lunged at, or bitten another **dog**?

Yes / No   (circle)   If "yes", please describe the incident(s) and ask to talk with me about this before starting course.

....
....
....
....
....

Please tick every box which you feel describe you dog

☐ Barks excessively ☐ Chews/destroy things ☐ Digs excessively ☐ Likes retrieving

☐ Pulls on lead ☐ Does not come when called ☐ Unruly in car ☐ Chases things

☐ Housetrained ☐ Won't bring retrieved items back ☐ Sit in front seat of car ☐ Enjoys walks

☐ Not house trained ☐ Chews his/her toys only ☐ Doesn't bark much ☐ Enjoys games

☐ Is calm in the car ☐ Doesn't like car rides ☐ Ignores requests ☐ Crate trained

☐ Greedy/loves food ☐ Uninterested in food/bones ☐ Uninterested in toys ☐ Incontinent

☐ Cranky when/if you remove toys or bones. If "yes", give details ....

How does your dog interact with people?

☐ Aggressive toward people ☐ Becomes overexcited ☐ Lick people's face ☐ Mount people

☐ Likes being handled/touched ☐ Dislikes being handled ☐ Dislikes children ☐ Jumps on people

☐ Bites at hands, feet or clothes ☐ Happy to be left alone ☐ Plays too roughly ☐ Attention seeker

☐ Suspicious/shy with strangers ☐ Likes to be with you a lot ☐ Anxious when alone ☐ Dislike children

☐ Happy when meeting strangers ☐ Happy around children ☐ Snap at people's heel

☐ Dislikes people in hats, sunglasses, coats or other items of clothing

How does your dog interact with other dogs?

☐ Aggressive toward other dogs ☐ Plays too roughly ☐ Avoid other dogs ☐ Barks at other dogs

☐ Worried/fearful of other dogs ☐ Growls at other dogs ☐ Lunges at other dogs ☐ Stares at other dogs

☐ Relaxed around other dogs ☐ Mount other dogs ☐ Plays nicely ☐ Don't know

How does your dog interact with the environment?

☐ Worried about sudden/loud noises ☐ Doesn't like water ☐ Worried about storms

☐ Worried about bikes/skateboards ☐ Worried about traffic ☐ Worried about wind

Which of the following do you feel describes your dog's overall character?

☐ Pushy ☐ Independent ☐ Stubborn ☐ Has excess energy ☐ Destructive ☐ Timid/shy

☐ Confident ☐ Likeable ☐ Playful ☐ Nervous ☐ Protective ☐ Anxious

Which of the following describes how you feel about your dog at present?

☐ Frustrated   ☐ Annoyed   ☐ Confused   ☐ Resentful   ☐ Frightened

☐ Proud   ☐ I love my dog   ☐ I like my dog   ☐ I tolerate my dog   ☐ Angry

What do you like best about your dog? ....
....

What would you like to achieve with this program? Please be specific. (e.g. able to walk my dog without it pulling, a dog that doesn't jump on people). Do not write "an obedient dog".

....
....
....

Do you have any other comments or concerns regarding your dog's behaviour that you feel I should know about?

....
....
....

Where did you find out about Pawfect Pooch Dog Training?

☐ Google   ☐ True Local   ☐ Recommended by a friend   ☐ Breeder

☐ Urban Animal magazine   ☐ APDT website   ☐ Delta Society Australia website   ☐ Other trainer

☐ Vet Clinic, which one ....   ☐ Pet Shop, which one ....

☐ Other, please specify ....