

# OBEDIENT K-9 TRAINING

## TRAINING ENROLLMENT FORM



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Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please answer the questions that follow as thoroughly as possible. This form should be received with your deposit at least a week before the training appointment. All answers are confidential and will help us to serve you better.***

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Dog's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Breed/Mix D.O.B. or Age

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Weight Color/unique markings

\_\_\_\_\_  
Home Phone Work Phone

O Male O Female O Intact O Neutered O Spayed

\_\_\_\_\_  
Cell Phone Occupation

\_\_\_\_\_  
If spayed/neutered, at what age?

\_\_\_\_\_  
Email

\_\_\_\_\_  
If spayed/neutered due to a behavioral problem, explain.

O House O Townhome O Apartment O Other \_\_\_\_\_

Fenced yard? OY ON Invisible fence? OY ON

How did you hear about us?

\_\_\_\_ Veterinarian \_\_\_\_ Former client \_\_\_\_ Internet \_\_\_\_ Advertisement \_\_\_\_ Breeder \_\_\_\_ Rescue/Shelter

\_\_\_\_ Pet-related business \_\_\_\_ Other: \_\_\_\_\_

Name of referring individual, organization or publication: \_\_\_\_\_

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? \_\_\_\_\_ Were there previous owners? \_\_\_\_\_ If yes, why was the dog given up? \_\_\_\_\_

Type of ID ☐ Microchip ☐ Rabies/License Tag ☐ Name Tag ☐ Tattoo ☐ Other: \_\_\_\_\_

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

☐ Companionship ☐ For the kids ☐ For protection ☐ To breed ☐ Received as gift  
☐ Sports/Work (e.g., competition obedience, agility, hunting): \_\_\_\_\_  
☐ Assistance/Service dog/Therapy dog/Emotional Support dog: \_\_\_\_\_  
☐ Companion for other dog ☐ Other: \_\_\_\_\_

Have you owned other dogs in the past? \_\_\_\_\_ If yes, what breed? \_\_\_\_\_

List any physical/breed characteristics that contributed to your choice for your current dog:  
\_\_\_\_\_

## MEDICAL:

Veterinarian's Name \_\_\_\_\_ City \_\_\_\_\_

Month/Year of last visit \_\_\_\_\_ / \_\_\_\_\_ Reason \_\_\_\_\_

Date last vaccinated: \_\_\_\_\_ / \_\_\_\_\_ Vaccine(s) given: \_\_\_\_\_

Current health problems/Medications \_\_\_\_\_

Past medical conditions/Treatment \_\_\_\_\_

Does your dog have any allergies, including food allergies? \_\_\_\_\_

Does your dog have? ☐ itchy feet ☐ itchy skin ☐ recurring ear infections ☐ hot spots

Is your dog easily handled by the vet staff? ☐ Y ☐ O ☐ N Has he/she ever had to be muzzled? ☐ Y ☐ O ☐ N

Is your dog on heartworm preventative? ☐ Y ☐ O ☐ N Brand \_\_\_\_\_

Is your dog on flea and/ or tick preventative? ☐ Y ☐ O ☐ N Brand \_\_\_\_\_

May we contact and discuss health and behavioral issues with your veterinarian? \_\_\_\_\_ initial \_\_\_\_\_

## DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned) \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_ At approximately what times? \_\_\_\_\_

Does your dog finish all food at meals? ☐ Yes ☐ No If not, how long is the food left down? \_\_\_\_\_

Does your dog receive other treats/chewies? ☐ Yes ☐ No Frequency/type: \_\_\_\_\_

Please list 3 of your dog's favorite foods/treats: \_\_\_\_\_

Has your dog ever become possessive of his food or a treat? ☐ Yes ☐ No Please describe in as much detail as possible: \_\_\_\_\_

Is your dog reliably housetrained? ☐ Yes ☐ Mostly (infrequent accidents) ☐ No

Is your dog crate trained? ☐ Y ☐ O ☐ N Paper/pad trained? ☐ Y ☐ O ☐ N Litter box trained? ☐ Yes ☐ No

Do you have a dog door? ☐ Yes ☐ No

If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? \_\_\_\_\_ How many times per day does your dog normally defecate? \_\_\_\_\_

**EXERCISE:**

What type of exercise does your dog get? (If not receiving any exercise at this time, 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", "choke chain". Leash examples: "6-foot nylon leash", "retractable leash".) \_\_\_\_\_

Does your dog ever become reactive toward other dogs or people on walks? ☐ Yes ☐ No  
If so, please describe:

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**ENVIRONMENT/LIFESTYLE:**

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

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

Who will be responsible for practicing training exercises with the 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? \_\_\_\_\_

Where is your dog kept when you are not at home? (mark all that apply) ☐ Outside ☐ Outside Kennel  
☐ In yard tied out or chained ☐ Crate ☐ Garage ☐ Kitchen ☐ Bathroom ☐ Other Room ☐ Behind  
Baby Gates ☐ Free Run of House ☐ Doggie Daycare (where? \_\_\_\_\_) Other \_\_\_\_\_

When you are at home, is your dog allowed in the house? ☐ Yes ☐ No

If your dog is not allowed indoors at all, why not? ☐ Allergies ☐ Cleanliness ☐ Not potty trained  
☐ We prefer it ☐ Destructive ☐ Other: \_\_\_\_\_

If your dog is an outdoor dog, would you like him to eventually be able to be indoors? ☐ Yes ☐ No

If indoors, is your dog ever confined (crated, penned) while you are home? ☐ Yes ☐ No How? \_\_\_\_\_

If so, how long is your dog confined on an average day? \_\_\_\_\_ Reason: \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_ In a crate? ☐ Yes ☐ No

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

Do you have other pets? ☐ Yes ☐ No If so, what kind, breed, age, sex, neutered?  
\_\_\_\_\_

Three things I like about my dog:

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Three things I do not like about my dog:

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

Does your dog play with toys or play games? ☐ Yes ☐ No If so, what are his favorite toys/games?  
(These may be interactive games like tug or toys he plays with alone.) \_\_\_\_\_

What other activities does your dog enjoy? \_\_\_\_\_

### TRAINING:

☐ No training yet ☐ Trained him ourselves ☐ Puppy Group ☐ Basic Group ☐ Intermediate Group  
☐ Advanced Group ☐ Private Lessons ☐ Sent to trainer If group class, did you complete the course?  
☐ Yes ☐ No

Training methods used (check all that apply): ☐ Food treats ☐ Praise ☐ Verbal corrections ☐ Physical  
corrections

List organization name and/or trainer's name: \_\_\_\_\_

Circle the behaviors your dog knows. Then, next to each, estimate what percentage of the time he will do so when asked:

Sit \_\_\_\_\_ Down \_\_\_\_\_ Stay \_\_\_\_\_ Come \_\_\_\_\_ Walk nicely on leash \_\_\_\_\_ Leave it \_\_\_\_\_ Give \_\_\_\_\_

Wait \_\_\_\_\_ Go to your place \_\_\_\_\_ Quiet \_\_\_\_\_ Off (furniture or when jumps up) \_\_\_\_\_

Others (including tricks): \_\_\_\_\_

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"/> Steals food/objects/trash   | <input type="checkbox"/> Darts out doors/gates          | <input type="checkbox"/> Escapes from yard             |
| <input type="checkbox"/> Guards food/toys/chewies/other  | <input type="checkbox"/> Excessive att.-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 voc. when we're home | <input type="checkbox"/> Other (describe below)        |
| <input type="checkbox"/> Lunging (on leash) at __people __dogs __bicyclists __cars __joggers __skaters __strollers |   |  |
| <input type="checkbox"/> Threatening/biting family members   | <input type="checkbox"/> Threatening/biting strangers   | <input type="checkbox"/> Threat/growl at other animals |

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

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

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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 any aggressive incident?

☐ Yes ☐ No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is your dog's usual reaction when a person he has not met before enters the home? \_\_\_\_\_

\_\_\_\_\_

When was the last time a person unfamiliar to your dog entered the 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 kill a dog or other animal

☐ None of the above.

***Thank you for taking the time to complete this form. Your answers will allow us to serve you better. We look forward to meeting with you and your dog.***