

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:

ENVIRONMENT/LIFESTYLE:

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

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

Three things I do not like about my dog:

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 |

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 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.