Anything's PAWSable Dog Training

406.270.5382

where fun & training go paw-in-hand

Student Profile Form

Anything's PAWSable Dog Training, 301 Cardinal Ln, Kalispell, MT 59901

www.anythings-pawsable.com

Your Name _____Dog's Name _____

_____

Your Address _____Zip_____

Day Phone # _____Night Phone # _____Cell Phone # _____

VERY IMPORTANT: Email_____

Dog's Breed Type _____ Dog's Age _____ Dog's Sex _____

Your Vet's Name _____ Has dog been neutered? _____   When? _____

Does your DOG have physical limitations or medical problems?   Y / N   What? _____

Is the dog on medication now?   Y / N   What?_____

Do YOU have a physical limitation we should allow for Y / N   What?_____

List other family members including pets: _____

Dog was acquired from (circle):   PET SHOP   SHELTER   BREEDER   OTHER _____

Age of dog when acquired _____   How long have you had this dog? _____

Have you had any previous dog training experience with any dog?   When/Where:

_____

What did you like most about the training? _____

What do you want to accomplish with your training?   1. _____

2_____3._____

List cues (commands) your dog can do reliably:_____

Approximate % of time dog is: Inside _____%, Outside _____%, Without humans _____%, Tied ____%

About how many minutes each day do you: Walk your dog on leash-   _____mins,

Play with your dog_____mins,

If you've had previous dogs: *What did you like about them?* _____

What you like least about them? _____

What do you **like best** about **THIS** dog? _____

What **concerns you most** about your relationship with **THIS** dog? _____

How often, when and what does your dog eat? _____

Does your dog have a food allergy? Y / N Please explain_____

IMPORTANT-Please Circle traits which apply to your dog:

GROWLS	SHY	FEARFUL	GUARDS FOOD/TOYS
PUSHY	BITES	DESTRUCTIVE	MOUTHY
EXCESSIVE ENERGY	DOMINANT	AGGRESSIVE	NOISY
TOO ATTACHED TO ME	WON'T LISTEN TO ME	NOT GOOD W/ PEOPLE	NOT GOOD W/ DOGS
URINE MARKS	OTHER_____	OTHER_____	OTHER_____

NONE OF THE ABOVE APPLY TO MY DOG_____

*Briefly explain trait(s) circled:*_____

_____

*Anything else we should know about your dog?*_____

_____

Thanks for taking the time to complete this form. The information will help us determine the best course of action for you and your dog.

Signature _____Date_____