

## STUDENT PROFILE FORM

Your Name \_\_\_\_\_

Dog's Breed Type \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dogs Age \_\_\_\_\_

Dogs Sex M / F

Has your dog been Spayed / Neutered? When? \_\_\_\_\_

Vets Name \_\_\_\_\_

Does your dog have physical limitations/medical problems? Y / N

If so what? \_\_\_\_\_

\_\_\_\_\_

List other family members including other pets \_\_\_\_\_

\_\_\_\_\_

Dog was acquired from (circle): Pet Shop Shelter Breeder Other \_\_\_\_\_

Age dog was acquired \_\_\_\_\_ How long have you had this dog \_\_\_\_\_

Have you attended obedience class before? When/where \_\_\_\_\_

\_\_\_\_\_

What did you like most about that class? \_\_\_\_\_

\_\_\_\_\_

What do you want to accomplish in this class?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Approx. % of time dog is:

Inside \_\_\_\_\_% Outside \_\_\_\_\_% Without humans \_\_\_\_\_% Tied \_\_\_\_\_%

About how many minutes per day do you:

Walk your dog on a leash-- \_\_\_\_\_minutes Play with your dog -- \_\_\_\_\_minutes

If you have had previous dogs: What did you like about them? \_\_\_\_\_

\_\_\_\_\_

What did you like least about them? \_\_\_\_\_

\_\_\_\_\_

What do you like best about THIS dog? \_\_\_\_\_

\_\_\_\_\_

What concerns you most about your relationship with THIS dog? \_\_\_\_\_

\_\_\_\_\_

What is your dog's regular food? \_\_\_\_\_

What times are your dog's meals? \_\_\_\_\_

**Circle anything that applies to your dog:**

GROWLS	SHY	FEARFUL	GUARDS FOOD/TOYS
PUSHY	BITES	DESTRUCTIVE	WON'T LISTEN TO ME
EXCESSIVE ENERGY	DOMINATE	AGGRESSIVE	NOISY
TOO ATTACHED TO ME	MOUTHY	NOT GOOD WITH PEOPLE	NOT GOOD WITH DOGS
OTHER _____	OTHER _____	OTHER _____	OTHER _____

**Briefly explain anything you have circled:**