



# Dog School Registration &

## Behavior Profile

### Human Information

Trainer 1 \_\_\_\_\_ Age: \_\_\_\_\_

Trainer 2 \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\* If a minor under age 16 is planning on doing most or all of the training, an adult needs to remain present during classes\*\*\*

Is this your first dog?  Yes  No

Is this your only dog?  Yes  No

Have you trained dogs before?  Yes  No Where? \_\_\_\_\_

Does the human have any special needs or disability that may affect training?  Yes  No

Examples: difficulty getting on and off the floor easily; use of a cane; difficulty hearing the instructor's directions; exerting physical force such as pushing or pulling; walking for standing for an hour; use of a wheelchair; or have any medical issues that we may need to be aware of?

If yes, explain: \_\_\_\_\_

### Dog Information

Name \_\_\_\_\_ Breed: \_\_\_\_\_

Birthdate/Apx. Age \_\_\_\_\_ Gender  M  F Spay/Neutered  Yes  No

How old was the dog when they joined your family? \_\_\_\_\_

Where did you get the dog from? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_

Has this dog been to training/classes before?  Yes  No Where? \_\_\_\_\_

Does this dog have any preexisting veterinary/health conditions?  Yes  No

Examples: physical problems; medical issues; temperament problems; food allergies; special/restricted diet?

If yes, explain: \_\_\_\_\_

Has this dog been under veterinary care in the last 6 months?  Yes  No

If yes, explain: \_\_\_\_\_

What kind of food does this dog eat? How much/how often do you feed them? \_\_\_\_\_

Is your dog crate trained?  Yes  No

Is your dog leash trained?  Yes  No

Approx. % of time dog is:

With Humans: Inside \_\_\_\_\_% Outside \_\_\_\_\_%

W/out humans: Inside \_\_\_\_\_% Outside \_\_\_\_\_%

Tied \_\_\_\_\_% Crated \_\_\_\_\_%

About how many minutes a day do you spend:

Walking your dog \_\_\_\_\_mins. Playing with your dog \_\_\_\_\_mins.

Crating your dog \_\_\_\_\_mins. Other \_\_\_\_\_mins.

How much exercise does your dog get each week? Please circle one.

Daily  
1 once week

5 times a week  
Once in a while

2-3 times a week  
Other

**Please check all the problems you would like our help with.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aggressive to people       | <input type="checkbox"/> Aggressive to dogs   | <input type="checkbox"/> Barking             |
| <input type="checkbox"/> Biting                     | <input type="checkbox"/> Chases               | <input type="checkbox"/> Destructive chewing |
| <input type="checkbox"/> Doesn't come when called   | <input type="checkbox"/> Fearful              | <input type="checkbox"/> Growling            |
| <input type="checkbox"/> House Training             | <input type="checkbox"/> Hyperactive          | <input type="checkbox"/> Jumping Up          |
| <input type="checkbox"/> Mouthy                     | <input type="checkbox"/> Nips Adults          | <input type="checkbox"/> Nips Children       |
| <input type="checkbox"/> Protective of food or toys | <input type="checkbox"/> Pulling on the leash | <input type="checkbox"/> Pushy               |
| <input type="checkbox"/> Running away               | <input type="checkbox"/> Separation Anxiety   | <input type="checkbox"/> Shy                 |
| <input type="checkbox"/> Soiling in the house       | <input type="checkbox"/> Stealing             | <input type="checkbox"/> Too attached to me  |
| <input type="checkbox"/> Uncontrollable Behavior    | <input type="checkbox"/> Won't listen to me   | <input type="checkbox"/> Other _____         |

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

What do you hope to accomplish in training with this dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you most want to learn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

I understand that attendance at a dog school is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I hereby waive and release the Pocatello Pet Lodge, LLC, hereinafter referred to as the "PPL," its volunteers, officers, members or agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the PPL, or while on the training grounds or the surrounding area thereto.

Signature of Owner (In the case of a minor, a parent or legal guardian must sign in addition to the minor)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Minor Signature \_\_\_\_\_ Date: \_\_\_\_\_