



Dog Profile Form

Please complete one form for each dog (either owned or under your supervision) who will be coming to classes, open floor time or events held by this club. If additional space is needed, the back may be used. Thank you.

Owner/ Responsible person Name: _____

Address _____

City, Zip: _____ Phone #: _____

E-mail address: _____

Dog's Call Name: _____

Breed(s): _____

This dog's: DOB: ___ / ___ / _____ Height: _____ Weight: _____ Gender: _____

Has the dog been spayed or neutered? _____ If yes, at what age: _____

Are you the primary owner of the dog? If not, what is your relationship to this dog? _____

How long have you owned the dog? _____ What was your dog's age when obtained? _____

Does the dog have any physical or behavioral problems? Describe: _____

Where did you obtain the dog? (Please fill in all that apply)

- Ad in Paper
- Breeder
- Friend or Relative
- Pet Store
- Stray
- Shelter
- Rescue Agency
- Other: _____

Where is the dog kept? (Please fill in all that apply)

- In house loose
- In house crated
- In fenced yard
- In dog kennel
- Tied outside
- Other: _____

Has the dog ever bitten anyone? If so, please describe when this happened and the circumstances: _____

Has the dog ever been in a fight with another dog? If so, please describe how many times this has happened and the circumstances: _____

What does the dog do when meeting?

Men _____

Women _____

Children _____

Strangers _____

Crowds _____

Other adult dogs _____

Puppies _____

What things upset your dog? _____

What are the behaviors your dog exhibits when upset? _____

How does your dog react to loud noises? _____

How does your dog react to riding in a car? _____

How does your dog react to being left alone? _____

How would you describe the dog's personality? (Please fill in all that apply)

- | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Fearful | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Nervous | <input type="checkbox"/> Independent | <input type="checkbox"/> Loud | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Annoying | <input type="checkbox"/> Calm | <input type="checkbox"/> Jealous | <input type="checkbox"/> Submissive | <input type="checkbox"/> Territorial |
| <input type="checkbox"/> Finicky | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Dominant | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Dependent |

What behaviors does your dog exhibit? (Please circle all that apply)

- | | | | | |
|----------------------------------------|----------------------------------------|----------------------------------------|---------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Barks / howls | <input type="checkbox"/> Digs | <input type="checkbox"/> Chews | <input type="checkbox"/> Growls | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Jumps up | <input type="checkbox"/> Gets in trash | <input type="checkbox"/> Chases things | <input type="checkbox"/> Bites | <input type="checkbox"/> Housebreaking problems |
| <input type="checkbox"/> Beggings | <input type="checkbox"/> Other: _____ | | | |

What commands does your dog respond to? (Please circle all that apply)

- | | | | | |
|----------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Come | <input type="checkbox"/> Don't Jump | <input type="checkbox"/> Down | <input type="checkbox"/> Drop It | <input type="checkbox"/> Enough |
| <input type="checkbox"/> Fetch | <input type="checkbox"/> Give | <input type="checkbox"/> Heel | <input type="checkbox"/> Hup / Jump | <input type="checkbox"/> In |
| <input type="checkbox"/> Leave It | <input type="checkbox"/> Let's Go | <input type="checkbox"/> Move | <input type="checkbox"/> Okay | <input type="checkbox"/> Sit |
| <input type="checkbox"/> Stand | <input type="checkbox"/> Stay | <input type="checkbox"/> Stop It | <input type="checkbox"/> Take It | <input type="checkbox"/> Wait |
| <input type="checkbox"/> Others: _____ | | | | |

How often will the dog come when called? 100% 99% 75% 50% 25% 0%

Under what circumstances would your dog not come when called? _____

Is your dog able to walk on a loose leash? _____ If so, using what type of collar / harness: _____

Is your dog able to walk on a loose leash with another dog near by? _____ If not, what happens? _____

Has this dog had prior agility training? _____ If so, what level or class? _____

Have you taken an obedience class with this dog? _____ With previous dogs? _____

How long have you been doing agility? _____

List activities enjoyed by you and your dog: _____

List future goals you have for yourself and your dog: _____

Have you trained other dogs and to what level?: _____

Have you attended any dog-related seminars? If yes, what type? _____

Please attach a copy of current vaccine history.

Print name: _____

Signature: _____ Date: _____

Form must be completed annually both for members and non-members who are taking classes.