

# DARN **GOOD** DAWG

## TRAINING DOG PROFILE SHEET

Today's Date: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Trainer: \_\_\_\_\_

Exit Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vet Name/Phone: \_\_\_\_\_

Other Pets in Household: \_\_\_\_\_

### **Behavior:**

\_\_\_ Bites                      \_\_\_ Mounting                      \_\_\_ Destructive                      \_\_\_ Piddles

\_\_\_ Play-Bites                      \_\_\_ Teething                      \_\_\_ Fights w/ Dogs                      \_\_\_ Jumps Up

\_\_\_ Nipping                      \_\_\_ Cowers                      \_\_\_ Agressive                      \_\_\_ Unruly

\_\_\_ Motion Sickness                      \_\_\_ Growls                      \_\_\_ Unpredictable                      \_\_\_ Shy

Are there any other issues or special concerns you would like us to know about?

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What actions have you taken to correct these problems, if any?

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Where did you get your dog?

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How old was your dog when you got him/her? \_\_\_\_\_

Do you use a crate? Yes\_\_\_\_\_ No\_\_\_\_\_

How many hours per day is dog in the crate? \_\_\_\_\_

Is your dog house trained? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a fenced yard? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have an underground/electric fence? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you walk your dog on a flex lead? Yes\_\_\_\_\_ No\_\_\_\_\_

**Health:**

What flea, tick and heartworm preventative do you use?

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What medication, if any, is your dog currently taking? \_\_\_\_\_

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Do you have any concerns about your dog's health? \_\_\_\_\_

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