



dogheart
Training from the heart.



TRAINING PROFILE (PET)

Bio

Name: _____ Nickname: _____

Birth/Adoption Date: _____ Birthplace: _____

Type of Breed: _____

Color: _____ Sex: _____ Weight: _____

Does your dog have any animal siblings? _____

Name: _____ Type: _____ Name: _____ Type: _____

Does your dog have any human siblings? _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Behavior

What are your current forms of discipline and rewards? _____

How effective are they? (Please circle one of the following with 1 being least and 5 being most effective) 1 2 3 4 5 _____

Has your dog had any electrical stimulation training, including an invisible fence? Yes No _____

What are your current behavioral concerns? _____



TRAINING PROFILE (PET)

Interactions

How does your dog interact with other animals and, more specifically, dogs?

Who does your dog socialize with most frequently?

Has your dog ever displayed aggression towards people? Yes No

If yes, please detail these instances:

What is your dog's comfort level with children? (Circle one with 1 being least and 5 being most comfortable) 1 2 3 4 5

Has your dog ever bitten an adult or child? Yes No

If yes, please detail these instances:

Preferences

What are your dog's favorite places to "hang out" in the house, or recreate in the neighborhood?

Where does your dog sleep?

What are your dog's skills or talents?

Does your dog have any overt fears or drives?

Describe your dog's temperament and/or response when s/he experiences the following emotions:

Sadness:

Happiness:

Fear:

Anxiousness:

What kinds of vocalizations does your dog use to signal?



TRAINING PROFILE (PET)

Environment

Describe your yard: _____ Is it fenced, electric fence, etc.? _____

What type of leash do you use? _____

What type of collar do you use? _____

Does your dog pull while walking on a leash or line? Yes No _____

Do you trust your dog with freedom (i.e. off leash, unconfined)? Yes No _____

Expectations

What short-term goals do you have for training? _____

What are your long-term goals for training? _____

Do you have a wish list of accomplishments or skills for your dog? _____

Schedule

Please specify name(s) of caregivers responsible for supporting your dog's needs and the time(s) of day when the following actions take place:

Meals: _____

Type of Food: _____

Allergies: _____

Treats: _____

Water: _____

Exercise: _____

Bodily functions (i.e. frequency, patterns): _____



TRAINING PROFILE (OWNER)

Education/Behavior

How extensive is your knowledge of your dog's breed? _____

(Circle one with 1 being least and 5 being most knowledgeable) 1 2 3 4 5 _____

How confident are you managing your dog's behavior? _____

(Circle one with 1 being least and 5 being most confident) 1 2 3 4 5 _____

How do you tend to react to problems, scenarios, etc.? _____

Do you feel like you facilitate vs. manage these issues? Yes No _____

Do you regularly use food rewards to inspire your dog to obey? Yes No _____

What type of control aids do you use? Please check all that apply: _____

Prong collar Remote Choke Halter Other _____

Lifestyle

What is your dog's role in the family? _____

Specify how much time per day on average your dog spends doing the following: _____

[_____ hr(s)/day] Spend time with you [_____ hr(s)/day] Spend time alone [_____ hr(s)/day] Exercise

Fill your "Guilt Meter" regarding your relationship with your dog: No guilt

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 A lot of guilt

What kind of availability do you have in your schedule for training and maintenance? _____

Do you travel often? Yes No _____ Do you enjoy outdoor activity? Yes No _____

Who in your house is responsible for dog-related tasks? _____

Who will be training this dog? _____
