



## TELL US ABOUT YOUR DOG

*Please fill out the following questions honestly. Note that answers to the questions below do not determine your dog's eligibility into the Pawsitive Canine Fit Club program.*

How old was your dog when he/she became a member of your family? \_\_\_\_\_

Other than the dog you are enrolling, what other dogs do you have in your home? \_\_\_\_\_

Where did you get your dog (rescue, private breeder, pet shop, etc.)? \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| Did your dog attend puppy class?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did your dog attend obedience classes?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use a crate?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your dog ever been to a dog park?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your dog ever climbed a fence?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your dog like toys?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your dog like chews?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your dog like treats?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your dog have any dietary issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your dog have any past or current injuries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has your dog ever exhibited any aggression (excessive barking, growling, snapping, snarling) in any of the following circumstances?

Around children?  Yes  No    At the vet?  Yes  No

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

Is your dog shy around men?  Yes  No    Shy around women?  Yes  No

Has your dog ever guarded a toy or food from you or anyone else?  Yes  No

Is your dog okay with being handled or touched on all parts of his/her body?  Yes  No

If not, please explain: \_\_\_\_\_

Is your dog okay with looking into his/her mouth?  Yes  No    With touching his/her paws?  Yes  No

If not, please explain: \_\_\_\_\_

Does your dog dislike a certain kind/type of person?  Yes  No If yes, please explain: \_\_\_\_\_

Has your dog ever been in a dog fight?  Yes  No    Has your dog ever been attacked?  Yes  No

Does your dog exhibit shyness (tucked tail, submissive urination) when in the presence of other dogs?  Yes  No

Does your dog seem afraid when in the presence of certain breeds or sizes of dogs?  Yes  No

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

Does your dog seem to tolerate one dog gender better than the other?  Yes  No

How does your dog like strangers?  My dog likes everybody  My dog dislikes strangers  I don't know

Tell us about any other behavioral issues your dog may have or any other likes or dislikes that have not been addressed:

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Tell us what general behaviors you would like to learn in this program:

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|---|---|---|--|
| <input type="checkbox"/> Sit                      | <input type="checkbox"/> Down                       | <input type="checkbox"/> Leash Walking    | <input type="checkbox"/> Recalls           |
| <input type="checkbox"/> Bed Behavior             | <input type="checkbox"/> Waiting at the door        | <input type="checkbox"/> It's-Your-Choice | <input type="checkbox"/> Crate Training    |
| <input type="checkbox"/> Not jumping up on people | <input type="checkbox"/> Not jumping up on counters | <input type="checkbox"/> Fetch            | <input type="checkbox"/> Agility Obstacles |
| <input type="checkbox"/> Fitness Equipment        | <input type="checkbox"/> K9 Conditioning Exercises  | <input type="checkbox"/> Other: _____     |  |