



## Dog Information Attachment

### General Information

Dog's Name: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_

Dog's Gender:  Female (spayed)  Male (neutered)  Female (intact)  Male (intact)

Dog's Current Age: \_\_\_\_\_  Years  Months  Weeks

Where did you acquire your dog? (Rescue, breeder, pet shop, shelter, etc.)

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Age when acquired: \_\_\_\_\_  Years  Months  Weeks

Does your dog have any known allergies? (e.g. food)

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### Vaccinations/Preventatives

Rabies  Distemper  Hepatitis  Parvo  Parainfluenza  
 Leptospirosis  Bordetella  Heartworm  Flea/Tick

### Lifestyle

- No  Yes Allowed to run unleashed in the home supervised
- No  Yes Allowed to run unleashed in the home unsupervised
- No  Yes Allowed to run unleashed in the yard supervised
- No  Yes Allowed to run unleashed in the yard unsupervised
- No  Yes Allowed to run unleashed in a fenced yard supervised
- No  Yes Allowed to run unleashed in a fenced yard unsupervised
- No  Yes Allowed to run unleashed outside (other than backyard) supervised
- No  Yes Do you have a fenced yard? Height of fence \_\_\_\_\_  Chain Link  Privacy  Other
- No  Yes Do you use a tie out?
- No  Yes Do you crate your dog?
- No  Yes Do you walk your dog? How many times per week? \_\_\_\_\_

**If yes to any of the above, please explain (e.g. frequency, length of time, size of area):**

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### Behavior

- No  Yes Is your dog sensitive to being touched?
- No  Yes Is your dog possessive of food?
- No  Yes Is your dog possessive of toys?
- No  Yes Is your dog possessive of people?



- No       Yes    Is your dog possessive of space(s)?
- No       Yes    Has your dog ever bitten another dog?
- No       Yes    Has your dog ever bitten a human?
- No       Yes    Has your dog ever killed or injured another animal?

**If yes to any of the above, please explain:**

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**What is your dog's training history? Please check all that apply:**

- No training
- Puppy class
- Basic Obedience class
- Trained yourself

**If you've attended other classes, where & when?**

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**What are your goals for your dog?**

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**What are your goals for yourself?**

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**Other animals in household (*please include species, gender, breed, and age*)**

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**Do you or your dog have any pre-existing conditions that may have an impact on your training (e.g. mobility, hearing, vision, or balance difficulties)?**

- Yes    No    If yes, please explain

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