

Training Pet Profile

Dog's Name: _____ Breed: _____ Age: _____

E-mail: _____ Phone: _____

Owner's Training Goals (e.g. to walk nicely on leash, attend restaurants in public, pass the CGC test):

Behaviors dog already knows (e.g. sit, down, stay come):

Problem Behaviors and Concerns (e.g. fears, mouthing, dog reactive, dislikes men):

List Dog's Favorite

TOYS:	ACTIVITIES:	FOOD:	OTHER:

List Dog's *Least* Favorite

TOYS:	ACTIVITIES:	FOOD:	OTHER:

If applicable, describe any physical limitations (e.g. medical, loss of limb, injury, age) :

If applicable, list known allergies:

Current training gear being used (e.g. gentle leader, prong, no pull harness):

For office use only:

Approved for play in daycare: Yes No

Approved for small group play: Yes No

Intact: Yes No