

Please be detailed in the completion of this form, add details of aggression incidents, fear issues, goals and training issues.

Directions to your house:

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact-Phone _____

Dog's Name _____ Breed _____

D.O.B. or Age _____ Weight _____ Color/Markings _____

___ Male ___ Female ___ Intact ___ Neutered ___ Spayed

If altered, at what age? _____

If dog was altered due to a behavioral problem, explain _____

Type of ID: ___ Microchip ___ Rabies/License Tag ___ Name Tag

____Tattoo ____Other
Where did you obtain your dog? ____Breeder ____Individual _____Shelter
____Rescue Club ____Pet Store ____Friend/Relative ____Found

Did you adopt or purchase? _____

At what age did you acquire your dog?_____How long have you had
your dog?_____

Why did you get your dog? Please check all that apply.

____For Companionship ____To teach children ____For guarding ____For hunting
____For breeding ____For competition ____Conformation ____Obedience
____Agility ____Herding ____For protection ____For Assistance ____Therapy dog
____Received as gift ____Watch dog ____Service dog ____Replace dog
____Companion for another dog ____Other_____

Have you owned dogs in the past? ____Yes ____No If yes, breed_____

List any physical/breed characteristic that contributed to your choice for your current
dog._____

How did you hear about WagWag Enterprises?

____Veterinarian ____Friend ____Training Club ____Internet ____Breeder
____Shelter ____Rescue Club ____Other_____

Name of referring individual/organization_____

Behavior

Has your dog ever threatened (growl, snap, snarl, etc.)anyone?

____Yes ____No Any animal? ____Yes ____No If yes, please explain in
detail_____

Has your dog ever bitten (broken the skin) anyone? Yes No

Has your dog ever bitten any animal? Yes No If yes to either, how many and explain in detail! _____

Has your dog ever inflicted multiple bites to a person/animal? Yes No

If yes, how many different incidents? _____

Has legal action resulted from any aggressive incidents? Yes No

If yes, explain _____

Has medical attention been necessary (for humans/animals) because of any aggressive incident? Yes No If yes, explain _____

Veterinary Health Information

Veterinarian's Name _____

Clinic Name _____ City _____

Month/Year of last visit _____ / _____ Reason _____

May we contact and discuss health and behavioral issues with your veterinarian?

Yes (initial here) _____ No

Current health problems/medications? _____

Past medical conditions/treatments _____

Living Environment Please check all that apply.

Apartment/Condominium/Townhouse High rise apt. bldg. House
 No Fence Fenced patio area Fenced yard/acreage Doggie door
 Invisible Fence Indoor Kennel Outdoor kennel/run Other _____

How many hours per day is your animal without human companionship? _____ hours

Where does your dog spend most of his time when no one is home?

Inside Outside Loose Confined

Do you use a tie out, chain or rope to restrict your dog to a particular area outside?

Yes No

Where does your dog sleep at night? Outside Inside

In/on your bed Bedroom in crate Bedroom on doggie bed

Bedroom on floor next to your bed Another room in crate

Another room voluntarily Gated room/area Another room with door closed Other _____

Percentage of time pet is: Indoors _____% Outdoors _____%

How often do you play games, walk or train you dog? 1-2 times 3-4 times

6 times and up

Total time spent visiting, playing, walking training daily _____ Hours/Min.

Do you supply toys for your dog? Yes No Dog's favorite toy/game? _____

How many daily periods of 1 hour or more is your dog crated/confined or otherwise restricted from you while you are home?

Each day at mealtimes 1-2 hours 3-4 hours 5 or more hours

What is the primary reason your dog is confined while you are home?

Not housetrained Chews on everything Steals objects/food

Begg Jumps on people/furniture

Other _____

Has the household changed since acquiring this pet? Yes No

If yes, please check all that apply. List people/children who live in the house.

<input type="checkbox"/> Partner added		
<input type="checkbox"/> Child added	Name	Sex/age
<input type="checkbox"/> Adult added	_____	_____
<input type="checkbox"/> Pet added	_____	_____
<input type="checkbox"/> Partner gone	_____	_____
<input type="checkbox"/> Child gone	_____	_____
<input type="checkbox"/> Pet gone	_____	_____
<input type="checkbox"/> Schedule change	_____	_____
<input type="checkbox"/> Relocated	_____	_____

When did change
Occur? _____

Who is the primary caregiver for your dog? _____

Do any of the members of your family dislike your dog? Yes No

If yes, which ones? _____

List any family members frightened by your dog _____

Diet & Elimination

What brand of food do you feed? _____

How often is your dog fed meals daily?

1 2 3 4 free feed

How often is your dog fed treats daily?

1 2 3 4 5 or more

How often is your dog fed food from the table?

1 2 3 4 5 or more

When do you feed your dog? AM Lunch Evening Night

Is your dog reliably housetrained? Yes No Few Accidents

Crate Trained? Yes No Paper/Pad/Litter box trained? Yes No

How many times daily do you let your dog out to eliminate when you are home?

Dog Door 3 5 7 9 11 or more

How often does your dog have bowel movements? 1 2 3 4 or more

Don't know

Do you go out with your dog? Always Usually Seldom Never

Training Experience Please check all that apply

My dog will reliably perform these exercises on command:

Come Sit Speak Lie Down Stay Heel Shake

Walk on a loose lead Roll Over Fetch Give/Drop Wait

Leave it Go to place Off Stand Quiet Settle

Others _____

Training History

Group Lessons-Puppy Group Lessons-Basic Group Lessons-Advanced

Group Lessons-Agility, obedience, flyball, etc. Private Lessons at home

Private Lessons away from home Sent to trainer Other

List trainer or company name _____

