## Pawsitive Connection Dog Training Dog Training Assessment



Date Name	
Date Name         Email Address           Phone Number Email Address         City State Zip Code	
Address Zip Code	_
Emergency Contact Name/Phone Number	
Dog's Name	
Birthday/Age Sey Spayed/Neutered Ves No	
Dog's Name Breed Spayed/Neutered Yes No Microchipped Y N Have ID Tags Y N	
Wild Compped 1 14 Have 15 Tags 1 14	
I am interested in: Private Lessons Board & Train Group Classes Service Dog Traini How did you hear about us? Has your dog been in any training programs? If Yes, where and what were the results?	ng
Thas your dog been in any training programs: If Tes, where and what were the results:	
Who is your Veterinarian? Date of Last Visit? How does your dog behave in the vet's office? Excellent Fair Bad Is your dog up-to-date on the following vaccinations: Parvovirus/Distemper, Rabies, Bordetell Is your on, flea/tick and heartworm prevention? Has your dog displayed any unusual symptoms in the last 30 to 60 days? Is your dog on any medications or have any allergies (food, environment)? If so, please spec Meds - Allergies -	
What Type of Food Do You Feed Your Dog? How Much? How Often? Once a Day, 2x/day, 3x/day Snacks Type / How Often / How Much? Any Food Allergies? Yes No	
How long have you owned your dog? Where did you get your dog? Why this Breed? What attracted you to this dog? Are there other dogs/pets in the household? What do you know about you dog's history?	
Does your dog know how to walk on a leash? Yes No Which side does your dog walk on? Right Left How does your dog react when you pass another dog on a walk? How does your dog act when strangers approach?	
How is your dog motivated? Treats Toys Praise All the Above What is your dog's favorite reward? What commands does your dog know?	
Is your dog crate trained/house trained?  Does your dog bark, growl, or have accidents in the crate?  Where does the dog stay when left home alone?  Does your dog have access to the yard through a doggy door?  Do you walk him/her out on leash to eliminate?  How often do you take your dog outside?	

What type of exercise does your dog get?

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Do you provide daily walks/exercise? Yes No How far and how long? Is your dog allowed on the furniture? How does your dog act around cats or other animals? Do you take your dog to the dog park? Does he/she have any doggy friends? Is your dog aggressive to other dogs? Has your dog ever bitten or injured another dog? Has your dog ever shown aggression towards you, children, or other people? Is your dog aggressive/protective when people/dogs approach their food, or take away their toys? Has your dog ever GROWLED, BARK, LUNGE OR BITE other dogs or people? If so, Please Explain. Check the behaviors that apply: ■ Not paying attention ☐ Not Coming when Called ☐ Excessive Attention Seeking ☐ Pulls on the Leash ☐ Barking Unnecessarily ☐ Anxious When Alone ☐ Leash reactivity Escapes Runs Away ☐ Inappropriate Greeting People Jumping on people ☐ Mouthing/Nipping ☐ Fearful/aggression ☐ Chewing/Destructiveness ☐ Doorbell Excitement ☐ Digs Under or Jumps Fences ☐ Bolts out Doors/Gates ☐ Protective of People/Objects ☐ Other Is there anything you would like to add about your dog's behavior that we should know about? What are your training expectations (Please list 3 goals)? **Liability Waiver** I understand that dog training may involve risks to me, members of my family, or my dog. I assume all risks associated with participating in this training class and will not hold Pawsitive Connection Dog Training or its instructors responsible in the event of injury to myself, family members or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog's ability to safely complete this course. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by me or my dog's actions. I understand that all dogs participating in the training classes of Pawsitive Connection Dog Training must be free of any infectious disease and must be current on all appropriate vaccinations, including bordetella, distemper, parvovirus and rabies. I understand that if my dog has not been spayed, I will not hold Pawsitive Connection Dog Training responsible for any unwanted pregnancies. I also agree that if at any point in time during the training process my dog comes into heat, all training must stop and not resume until the dog is no longer fertile. I understand that Pawsitive Connection Dog Training does not guarantee the results of its canine training classes. The techniques used are to guide and motivate the dog and owners to work together to achieve the desired results. I grant permission to Pawsitive Connection Dog Training to use me and my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media. I must be at least 18 years old or accompanied by a legal guardian to participate in any training program at Pawsitive Connection Dog Training. I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who may claim on my behalf to waive, release and discharge Pawsitive Connection Dog Training and its instructors from any and all claims arising out of or in connection with or in any way related this training class. Thank you for taking the time to complete this form. Your answers will allow us to serve you better. We look forward to meeting with you and your dog! **Owner's Signature:** Date: