

PROFILE FORM

Name: _____

Address: _____

City: _____ NJ Zip Code _____

Email _____

Home Phone _____ Alternate Phone _____

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

Male Female Spay/Neuter In tack

Shelter Dog Breeder Pet Store/Internet

How long have you had the dog/puppy?

Less than 1 month 1-6 months More than 6 months

Referred By -

Does the dog have any physical limitation or medical issues? Yes No

What? _____

Dogs your dog have any specific behaviour issues? Please check all that apply

Excessive Barking	<input type="checkbox"/>	Growls	<input type="checkbox"/>
Jumping on People	<input type="checkbox"/>	Territorial marking	<input type="checkbox"/>
Chewing	<input type="checkbox"/>	Shy	<input type="checkbox"/>
Pulls on Leash	<input type="checkbox"/>	Mouthy or bites	<input type="checkbox"/>
Housebreaking	<input type="checkbox"/>	To attached to me	<input type="checkbox"/>
Aggression to People	<input type="checkbox"/>	Dominant	<input type="checkbox"/>
Aggression to Dogs	<input type="checkbox"/>	Separation Anxiety	<input type="checkbox"/>
Fearful – Phobia	<input type="checkbox"/>	Sexual Behavior	<input type="checkbox"/>
Disobedient	<input type="checkbox"/>	Abuse/Traumatic Experience	<input type="checkbox"/>
Escapes	<input type="checkbox"/>	Redirected Behavior	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Social Isolation/Bordem	<input type="checkbox"/>
Guards foods, toys, bed	<input type="checkbox"/>	Chase small animals, bikes, or skateboards	<input type="checkbox"/>

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How often is your dog walked?

Daily 3X Per Week 1X Per Week Never

How often is your dog exercised? (dog park, doggy day care, play fetch/Frisbee)

Daily 3X Per Week 1X Per Week Never

Have you ever attended an obedience class with this dog?

Group Private

What did you like most about that class? _____

What did your dog learn in this class? _____

What best describes your goals for you and your dog?

Basic Obedience Advanced Obedience

Agility Therapy Dog CGC

Does your dog have any *adverse reactions to the following things? Please check all that apply.

Nails Cut/Groomer	<input type="checkbox"/>	Guard stolen objects	<input type="checkbox"/>
Teeth Brushed	<input type="checkbox"/>	Taking a toy away	<input type="checkbox"/>
Veterinarian	<input type="checkbox"/>	Taking food away	<input type="checkbox"/>
	<input type="checkbox"/>	Meeting new dogs/people	<input type="checkbox"/>

If your dog displays a negative response to anything checked on the right side of this section, please contact me regarding the feasibility of participating in a group class.

Phone: 201-410-6605 or Email: woofs.purrs.twitters@verizon.net

Example: *Adverse reaction to meeting new people or dogs would be: viciously lunges, licks, growls or snaps.

What do you like the most about your dog? _____

What concerns you the most about this dog? _____

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RELEASE OF LIABILITY

I _____ as the legal owner _____ (dog's name) do hereby waive and release, Kathleen Georgevich from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before, after and during class. At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class.

Owner's Signature

Woofs, Puns & Twitters