

Lucky Dog Resort & Training School

© 2006 Lucky Dog Resort & Training School

CLASS & PRIVATE LESSON ENROLLMENT FORM

Which Class: _____ Class Start Date: _____

OWNER INFORMATION

Owner's Name: _____ Date: _____

Home Phone: _____ Work Phone (whose?): _____ email: _____

Address: _____ City: _____ Zip: _____

How did you hear about us (please include person's name)? _____

Have you ever owned a dog before? ___ Yes ___ No If so, when? _____

What breed(s)? _____

Why did you get your dog? _____

What are your goals for your dog after completing the training program?

___ I want to take my dog to dog parks and other off-leash areas.

___ I want to take my dog to dog-friendly activities on-leash.

___ I want to better manage my dog's behavior so he/she is safer to live with.

___ None of the above.

___ Other _____

Number of people in your household: _____ Are there children in the house? ___ Yes ___ No

If so, please list with name and their age. _____

Are there other dogs or pets in the house? ___ Yes ___ No If so, specify species, breed, age, sex, and spayed/neutered/intact. _____

Do you (or any family members) have any health problems we should be aware of? (e.g. arthritis, hearing aid, etc)

DOG'S INFORMATION

Dog's Name: _____ M or F Breed: _____

Age: _____ Neutered or Spayed If not, please tell us why: _____

At what age was your dog spayed/neutered? _____

Where did you get your dog? ___ Breeder ___ Found/Stray ___ Rescue Shelter Other _____

Lucky Dog Resort & Training School

© 2006 Lucky Dog Resort & Training School

Please indicate name/location of breeder, shelter, or rescue _____

How old was your dog when you got it? _____ How long has dog been with you? _____

Has this dog been to obedience training? ___ Yes ___ No If yes, where? _____

Vet Clinic used: _____

When was your dog's last vet check? _____

Does your dog have any health problems? ___ Yes ___ No If yes, please describe. Include allergies, medical conditions, and injuries. _____

Does your dog have? ___ Itchy Skin ___ Itchy Feet ___ Recurring Ear Infections ___ Hot Spots

Please select all of the following behaviors that apply to your dog:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aggression Towards Dogs | <input type="checkbox"/> Food/Toy Possession | <input type="checkbox"/> Destructive Chewing |
| <input type="checkbox"/> Housebreaking Problems | <input type="checkbox"/> Jumping on People | <input type="checkbox"/> Thunder Phobia |
| <input type="checkbox"/> Aggression Towards Family Member | <input type="checkbox"/> Digging | <input type="checkbox"/> Mouthing/Nipping (People) |
| <input type="checkbox"/> Aggression Towards Strangers | <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Firework Phobia |
| <input type="checkbox"/> Fence Jumping | <input type="checkbox"/> Stealing Food | <input type="checkbox"/> Door Bolting |

Other _____

When you (or a family member) pet your dog on top of its head, how does your dog react? Check all that apply:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Scrunches eyes | <input type="checkbox"/> Growls | <input type="checkbox"/> Wants to be petted |
| <input type="checkbox"/> Cowers | <input type="checkbox"/> Snaps | <input type="checkbox"/> No Reaction |
| <input type="checkbox"/> Pulls away | <input type="checkbox"/> Wags Tail | <input type="checkbox"/> Don't know |

Other _____

When a stranger pets your dog on top of its head, how does your dog react? Check all that apply:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Scrunches eyes | <input type="checkbox"/> Growls | <input type="checkbox"/> Wants to be petted |
| <input type="checkbox"/> Cowers | <input type="checkbox"/> Snaps | <input type="checkbox"/> No Reaction |
| <input type="checkbox"/> Pulls away | <input type="checkbox"/> Wags Tail | <input type="checkbox"/> Don't know |

Other _____

Lucky Dog Resort & Training School

© 2006 Lucky Dog Resort & Training School

Describe your dog's behavior in the following situations. **Check All That Apply:**

MEETING OTHER DOGS:

- | | | | |
|-----------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Friendly | <input type="checkbox"/> Pulls away from dog | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Lunging | <input type="checkbox"/> Licking | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hiding | <input type="checkbox"/> Runs away | <input type="checkbox"/> Don't know |

Other _____

MEETING NEW PEOPLE:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Friendly | <input type="checkbox"/> Pulls away from person | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Lunging | <input type="checkbox"/> Licking | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hiding | <input type="checkbox"/> Runs away | <input type="checkbox"/> Don't know |

Other _____

MEETING CHILDREN:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Friendly | <input type="checkbox"/> Pulls away from person | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Lunging | <input type="checkbox"/> Licking | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hiding | <input type="checkbox"/> Runs away | <input type="checkbox"/> Don't know |

Other _____

MEETING VETERINARY STAFF:

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Friendly | <input type="checkbox"/> Pulls away from person | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Lunging | <input type="checkbox"/> Licking | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hiding | <input type="checkbox"/> Runs away | <input type="checkbox"/> Don't know |

Other _____

SEEING MOVING OBJECTS: (roller skates, strollers, cars, bikes, etc.)

- | | | | |
|-----------------------------------|-----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Hyper | <input type="checkbox"/> Friendly | <input type="checkbox"/> Pulls away from person | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Lunging | <input type="checkbox"/> Licking | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hiding | <input type="checkbox"/> Runs away | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Chasing | | | |

Other _____

Lucky Dog Resort & Training School

© 2006 Lucky Dog Resort & Training School

Where does your dog sleep? (mark all that apply) Outside Garage Crate Dog bed
 People bed Furniture Your bedroom Other room Kitchen Behind baby gates
 Free run of house Other _____

Where does your dog stay during the day? (mark all that apply) Outside Outside kennel Crate
 Garage Kitchen Bathroom Other room Behind baby gates Free run of house
 Doggie Daycare (where? _____) Other _____

Where does your dog eat? Outside Kitchen Garage Other _____

How often do you feed your dog? Once a day Twice a day Bowl always full

Is your dog a picky eater? Yes No

Does your dog finish food all at once? Yes No Takes >20 minutes No, takes several hours

What brand of food does your dog eat? _____

What kind of treats does your dog eat? (Please list brands, if possible) _____

What games does your dog like to play? Fetch Tug Chase Other _____

Do you have a containment system? Underground Above ground

Is there anything else you feel we should know about your dog before training begins? _____

STOP HERE IF YOU ARE SIGNING UP FOR CLASS OR PRIVATE LESSONS



**CONTINUE WITH THE FOLLOWING QUESTIONS
ONLY IF YOU ARE SIGNING UP FOR THE "EXTREME K-9" IN-HOME PROGRAM.**

Lucky Dog Resort & Training School

© 2006 Lucky Dog Resort & Training School

What is your expectation for the success of the behavior modification program?

- My dog's behavior problem will be completely cured.
- My dog's behavior will improve enough to be safe and manageable.
- My skills and understanding of my dog will improve, but my dog's behavior will stay the same.
- I am not optimistic that my dog's behavior can be modified, but I am willing to try.

How much time do you feel you can commit to a behavior modification program?

- I'm very busy and don't have much time to work on training.
- I can work on exercises a few times a week.
- I can devote an hour or more per day to behavior modification exercises.
- Whatever it takes, I am committed to my dog's training.

Are the other members of your household equally dedicated to the work involved in a behavior modification program?

- It is my dog and the other members of the household don't want to be involved.
- I don't know if everyone will want to be involved.
- Everyone in the house is ready to do what it takes to help our dog.
- There are no other people in the household.

What are your deal breakers? What would cause you to terminate the relationship with your dog?

- The dog bites me.
- The dog bites a friend or family member.
- The dog bites a person outside the household.
- The dog injures a dog or other animal.
- The dog kills a dog or other animal.
- None of the above.

Are there any other behavior/training issues or other information not addressed above? _____
