



**TRAINING. TREKS. TEAMWORK.**

# BEHAVIOR AND TRAINING INQUIRY FORM

If you have two dogs, please fill out a form for each dog, thank you.  
This is to get to know your dog, there are no right/wrong answers!

GENERAL INFORMATION			
Name:		Date:	
Address:		Postal (zip) code:	
		Email:	
Cell:	Home:	Additional Contact Name:	
		Additional Contact Phone:	
Veterinarian's Name / Clinic:		Vet / Clinic phone:	
Vet / Clinic address:			
How did you hear about our service?			

PET INFORMATION			
Pet's name:			Date of Birth:
Weight in lbs:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Altered: <input type="checkbox"/> Y <input type="checkbox"/> N	Age altered:
Breed:	Color:		Age obtained:
Where did you obtain this pet?:		Breeder (if applicable):	
Describe previous home/homes (if known):			

**PET INFORMATION CONT.**

For what purpose was your pet obtained?:

Behavior of parents or littermates (if known):

Briefly describe your dog's personality (e.g., quiet, confident, excitable, unruly, bold, stubborn, etc.)

Has your dog ever bared teeth towards or growled at a human?  Y  N

If yes, describe the scenario:

Has your dog ever had an aggressive encounter based out of fear, frustration, or being attacked?  Y  N

If yes, describe the encounter and the appearance/type of dog that your dog has a negative response to:

Does your dog have any identifiable triggers? List the top four below, or leave blank.

1.

2.

3.

4.

**REINFORCER ASSESSMENT**

What is your dog's favorite reward?

If you could give your dog ANY food as a reward, what would be the favorites?

Other than food, what rewards (e.g., toy, affection) would be most enticing to your dog? List the top 5.

1.

2.

3.

4.

5.

## THE HOME ENVIRONMENT

Does your dog have yard access?  Y  N

If no, describe potty time:  Y  N

Do you do treat training?  Y  N

Type of treat(s)?  Y  N

How often do you give treats?  Y  N

When do you give treats?:

Is someone usually home with the dog, are they put up in a crate, or are they free to roam?

List all other pets, including species, breed, age, and sex:

Describe how your pets get along with each other:

List each family member living in the home (include sex and age of children):

## DAILY ACTIVITIES AND ROUTINE

Type of exercise/play during the week:

How often / how long / where at:

Who in the family does the primary exercise/play?

How does your dog behave in the car?

Does your dog regularly:

go to the dog park  attend dog daycares  board at a kennel  play with dogs at home  N/A

If yes, describe:

### DAILY ACTIVITIES AND ROUTINE CONT.

Does your dog have any known guarding behaviors around high value items, such as but not limited to:

- Humans    Bones    Food    Sticks    Treats    Toys    Other: \_\_\_\_\_

Does your dog have either:    separation anxiety   or    stranger danger?

Is your dog crate trained?    Y    N

Do you still use a crate?    Y    N

If yes, describe crate(s) and location:

Describe the dog's response to being crated:

Do you need help with crate training your dog?    Y    N

Briefly describe the usual daily schedule for your dog:

### COMMANDS

What phrases do you use for these commands?

Kennel:

Drop it:

Sit:

Recall:

Lay down:

Off / No Jumping:

Stay:

Leave it:

### TRAINING CONCERNS

Does your dog have any of the following behavioral issues?

Jumps up (owners)    Y    N

Jumps up (strangers)    Y    N

Poor recall    Y    N

Mouthy / nips / grabs    Y    N

Stubborn/Knows Better    Y    N

Bossy/demanding    Y    N

Pulls on leash    Y    N

Reactive to other dogs    Y    N

Excessive barking    Y    N

Are you interested in your dog joining the Bark Trek Crew?    Y    N

Is your dog already Bark Trek Crew Ready?    Y    N

## TRAINING QUESTIONS

<b>Has this pet had obedience training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Class <input type="checkbox"/> Private instructor <input type="checkbox"/> I trained my pet at home
<b>Describe training classes your dog has had (including trainer's name if applicable):</b>	
<b>How would you describe the training?</b> <input type="checkbox"/> Reward-based <input type="checkbox"/> Assertive/Balanced <input type="checkbox"/> Aversive/mostly corrections <input type="checkbox"/> Other:	
<b>Briefly describe the training techniques:</b>	
<b>What training was most successful?</b>	
<b>What training was least successful?</b>	
<b>Describe your dog's learning ability:</b>	
<b>Is there any ongoing training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe:</b>	
<b>List family member(s) with most control:</b>	
<b>List family member(s) with least control:</b>	

### FOR EACH OF THE FOLLOWING USE A SCALE OF 1 (POOR) TO 5 (EXCELLENT) TO INDICATE HOW YOUR DOG RESPONDS

<b>1. Sit:</b>	<b>Sit-stay 1 minute:</b>	<b>Sit-stay 5 minutes:</b>	<b>Sit-stay 10 minutes:</b>
<b>2. Down:</b>	<b>Down-stay 1 minute:</b>	<b>Down-stay 5 minutes:</b>	<b>Down-stay 10 minutes:</b>
<b>3. Recall (indoors):</b>	<b>Recall (in yard):</b>	<b>Recall (on hike/in park):</b>	
<b>4. Heel – with no distractions:</b>		<b>Heel – with distractions:</b>	
<b>5. Give/drop:</b>			
<b>Does your dog know any tricks? List and explain.</b>			
<b>Can you get your dog to settle on command?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>If yes, describe:</b>		<b>Does your dog have a "place" to work these commands, or a spot you send them to settle other than a kennel?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	

### TRAINING GOALS

List your top three priority training goals:

(Remember, some big goals are made up of small goals)

1.

2.

3.

Provide some insight on why you're looking for help training your dog:

### MEDICAL SCREEN

Have you noticed any deficits in your pet's senses?

Y  N

If yes, describe:

Does your dog seem to be in any pain?

Y  N

Has your veterinarian recommended low activity for your dog?  Y  N

Is your pet on flea/tick prevention?  Y  N

If yes, describe:

Which vaccines are your dogs up to date on?  Bordetella  Distemper/Parvo  Rabies

Has your dog had a negative fecal test in the last 12mo?  Y  N

Does your pet have normal eating and bowel movements?  Y  N

Stools:  Normal  Constipation  Less frequent  More frequent  Soft/diarrhea

Urine:  Normal  Infrequent  Having Accidents  Excessive Marking

Does your pet have any other medical problems?  Y  N

**MEDICAL SCREEN CONT.**

**If yes, describe:**

**Is your pet presently on any medication?**  Y  N

**If yes, describe:**

**Has your pet had any laboratory tests recently? (Blood, urine, X-rays, etc.)**  Y  N

**If yes, indicate any abnormal findings:**

**Please list any additional information you would like us to know about your pet:**

Bark Trek offers off-leash pack hiking as well as professional training sessions for groups and individuals. The company is based out of Arlington, WA and is currently providing door-to-door services to select areas of Snohomish County. Virtual office based out of Spokane, WA. To see more information, visit <https://bark-trek.com>, or contact us through [email](#) or [phone](#).