



TRAINING. TREKS. TEAMWORK.

BARK TREK CREW OR CADET CAMP ENROLLMENT 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):			
Briefly describe how your dog feels about other dogs:			
Briefly describe your dog's personality (quiet, confident, excitable, unruly, bold, stubborn, etc.) and hiking style:			

PET INFORMATION CONT.

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, please describe the encounter and the appearance of dog that your dog might have a fearful response to:

How often do you and your dogs go on trail walks or hikes? On or off leash:

On a scale from 1 - 10, rate how solid you feel your dog's off leash recall is when there are...

No distractions present:

Familiar dogs present:

Unfamiliar dogs present:

Familiar people present:

Unfamiliar people present:

Familiar location:

Unfamiliar location:

Wildlife / livestock present:

DAILY ACTIVITIES AND ROUTINE

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 indoors/outdoors?:

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 CONT.

Type of exercise/play during the week:	
How often / how long / where at:	
How does your dog behave in the car?:	
Does your dog regularly attend the dog park, dog daycares, or board at a kennel? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, list which one(s):	
Does your dog have any known guarding behaviors around high value items, such as but not limited to: <input type="checkbox"/> Humans <input type="checkbox"/> Bones <input type="checkbox"/> Food <input type="checkbox"/> Sticks <input type="checkbox"/> Treats <input type="checkbox"/> Toys <input type="checkbox"/> Other: _____	
Does your dog have either: <input type="checkbox"/> separation anxiety or <input type="checkbox"/> stranger danger?	
Is your dog crate trained? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you still use a crate? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, describe crate(s) and location:	
Describe the dog's response to being crated:	
Briefly describe the usual daily schedule for your dog:	

COMMANDS

What phrases do you use for the next few scenarios? Leave blank if identical.	
Kennel:	Drop it:
Sit:	Recall:
Lay down:	Off / No Jumping:
Stay:	Leave it:

MEDICAL SCREEN

Have you noticed any deficits in your pet's senses? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, describe:
Has your veterinarian recommended low activity for your dog? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is your pet on flea prevention? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, describe:
Which vaccines are your dogs up to date on? <input type="checkbox"/> Bordetella <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> Rabies	
Has your dog had a negative fecal test in the last 12mo? <input type="checkbox"/> Y <input type="checkbox"/> N	
Does your pet have normal eating and bowel movements? <input type="checkbox"/> Y <input type="checkbox"/> N	
Stools: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Less frequent <input type="checkbox"/> More frequent <input type="checkbox"/> Soft/diarrhea	
Urine: <input type="checkbox"/> Normal <input type="checkbox"/> Infrequent <input type="checkbox"/> Having Accidents <input type="checkbox"/> Excessive Marking	
Does your pet have any other medical problems? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, describe:	
Is your pet presently on any medication? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, describe:
Has your pet had any laboratory tests recently? (Blood, urine, X-rays, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, indicate any abnormal findings:	

TRAINING QUESTIONS

Something that your dog does that you don't like, if applicable:		
Jumps up (owners) <input type="checkbox"/> Y <input type="checkbox"/> N	Jumps up (strangers) <input type="checkbox"/> Y <input type="checkbox"/> N	Won't come when called <input type="checkbox"/> Y <input type="checkbox"/> N
Nips/grabs with mouth <input type="checkbox"/> Y <input type="checkbox"/> N	Listens on their terms <input type="checkbox"/> Y <input type="checkbox"/> N	Pushy/demanding <input type="checkbox"/> Y <input type="checkbox"/> N
Do you feel as though your dog needs to do a few training hikes before joining? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, please describe how much training time you think your dog would need:		

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>, email barktrek@gmail.com or call / text us at (425) 399 - 2307.