

Residency Enrollment

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

General Information

Dog's name: _____

Breed: _____ Date of Birth: _____

Color: _____ Weight: _____ Gender: male / female

Neutered / Spayed: Yes [] No [] If yes, at what age? _____

At what age did you obtain the pet? _____ From: breeder / rescue / store

Is your dog currently on medication? Yes [] No []

If yes, please list medications: _____

Program Interest: (please circle)

Level 1 (2-weeks) | Level 2 (3-weeks) | Level 3 (5-weeks) Off-leash or Behavior Modification

**A trainer will be in contact to confirm program details. A \$200 non-refundable
& non-transferable deposit is required to book a residency.**

**Please attach proof of vaccinations to this document before returning.
Required vaccinations, performed by a licensed veterinarian, are: Rabies,
DHLPPV and Bordetella.**

Email to info@peakdogtraining.com

Your Dog with People			
Does your dog ever:	Y	N	N/A - please explain
bark at people through windows?			
bark at people on walks?			
bark at guests in home?			
bark at family members?			
do more than bark (growl, bite, etc) in above situations?			
does your dog quickly seek attention from new people?			
Your Dog with Dogs			
Does your dog ever:	Y	N	N/A - please explain
bark at dogs through windows?			
bark at dogs on walks?			
bark at dogs in home or yard?			
do more than bark (growl, bite, etc) in above situations?			
does your dog attend a dog park or social daycare?			
Your Dog at Home I			
Does your dog ever:	Y	N	N/A - please explain
use a crate?			
have accidents in crate?			
whine or bark while crated?			
break out of crate?			
Your Dog at Home II			
Does your dog ever:	Y	N	N/A - please explain
whine or pace?			
act anxious when you leave the room or house?			
excessively salivate or chew themselves when alone?			
cause trouble with animal-housemates?			
explain:			

Your Dog at Home III			
Does your dog ever:	Y	N	N/A - please explain
have accidents in house?			
destructively chew things they shouldn't?			
growl over food or toys			
act aggressive with dogs or people?			
dig?			
jump?			
counter surf?			
run away?			
pull on the leash?			
Home Setup:			
	Y	N	N/A
crate type (plastic, metal):			
crate location in home:			
fence			
*if yes, fence type			
*if no, how do you potty and exercise outside			
do you free feed (food access all the time)			
do you free water (water access all the time)			
Heath			
is your dog prone to any of the following:	Y	N	N/A
ear infections			
urinary issues			
diarrhea			
*if yes, is it stress related			
*if yes, is it food related			
allergies			
*if yes, please describe			

Daily Schedule:

Please describe your dog's daily routine. Times can be approximate.

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wake	
feeding/watering times	
potty times	
crate times and duration	
exercise times and duration	
bed	

How often does your dog do the following:

go on walks	daily	weekly	rarely
have active play example: fetch	daily	weekly	rarely
have active exercise example: runs or bikes	daily	weekly	rarely
spend time in the crate	daily	weekly	rarely

Please describe any other issues not covered above:_____

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