Board & Train Obedience & ESD Training Application

Dog's name: _____ Breed:_____ Age: _____

Male or female: _____ Spayed or neutered: _____

How long have you had the dog: _____ What age was the dog when you got it: _____

Are there other dogs in the house: _____ How many: _____

How old are the other dogs: _____

Are the other dogs spayed or neutered: _____

Are the dogs males or females: _____

Are there children in the house: _____ How many: _____ What ages: _____

Do the children play with or otherwise come in close contact with the dog (walk, feed, take out to potty): _____

Are there men in the house: _____ Are there elderly people in the house: _____

Are there any disabled people in the house: _____ Where does the dog sleep: _____

Where do the other dogs sleep: _____

Are there cats in the house: _____ Are there other pets in the house: _____

What kind of other pets: _____

Is the dog around livestock or other farm animals: _____

Has the dog ever shown any aggression towards other dogs (explain): _____

_____

Has the dog ever shown any aggression towards any other people/strangers (explain): _____

_____

Has the dog ever shown any aggression towards any children (explain): _____

_____

Has the dog ever shown any aggression towards men (explain): _____

_____

Has the dog ever shown any aggression towards any livestock, farm animals, or wildlife (explain):

_____

Has the dog ever shown any aggression towards you or anyone else in the home (explain): _____

_____

Has the dog ever shown any aggression towards anybody wearing a hat or other head covering (explain): _____

Has the dog ever shown any aggression towards anybody with facial or long hair (explain): _____

_____

When & where does the dog eat: _____

Does the dog eat with other dogs or by themselves: _____

Has the dog ever shown aggression to other dogs, other pets, people, or inanimate objects while eating (explain): _____

What does the dog eat: _____ Who feeds the dog: _____

Can the dog be trusted to be fed by hand: _____ How does the dog react when walked on a leash (pull, tug, lunge, show fear or aggression): _____

_____

How does the do react when walked on a leash by someone else (pull, tug, lunge, show fear or aggression): _____

_____

Has the dog ever shown any signs of resource guarding any toys, people, places, etc. (explain): ____

_____

Is the dog crate trained: _____ What are the dogs' kennel manners (barking, breaking out, separation anxiety): _____

Is the dog house trained: _____ Has the dog ever had issues with marking territory: _____

Does the dog have any normal or abnormal fears (strangers, water, heights, loud sounds, cars, stairs, dark, being alone, vacuum, mower, mailman etc. - ie. socialization concerns) (explain):

_____

Does the dog have disabilities, take any medications, have any allergies, or other medical or dietary concerns: _____

Name: _____Phone#:_____Email:_____

Address:_____City:_____State:_____Zip:_____

Client Signature Date:

_____