

Gateway Canine LLC
Dog Training Evaluation Profile

Owner Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Would you like to join our email newsletter? YES or NO

How did you hear about Gateway? _____

Pet Information

Dog's Name: _____

Breed(s): _____

Birthdate: _____ Age: _____

Color/markings: _____ Weight: _____

Sex: MALE or FEMALE Spayed or Neutered: YES or NO

How long have you owned this dog? _____

Where did you acquire the dog? _____

Veterinarian Information

Name of Clinic: _____

Phone: _____

Any health concerns or medical treatments we should know about for your pet? _____

How does your pet react to vet visits? (great, nervous, aggressive, etc) _____

Grooming

How often does your dog receive grooming? _____

Who mostly grooms your dog? _____

How does your dog react to grooming? Does he/she allow ears cleaned, nails trimmed? Any issues? _____

Home Life

How many adults over 18 are in your home? _____

How many children under 18 are in your home? _____

How many other pets live in your home? Please list species, and age: _____

Does your home have a fenced in yard? _____

Where does your dog stay when you're not home: _____

When you are home is the dog indoors, separated, or outside for the majority of their time? _____

Where does your dog sleep at night? _____

Does your dog use a crate? _____

How many times a day does your dog eat? _____

Behavior and Personality

How would you describe your dog's personality? Circle all that apply, or fill in your own:

- | | | | | | |
|-------------|------------|-------------|---------|-------------|----------|
| Shy | Friendly | Fearful | Happy | Aggressive | Playful |
| Nervous | Bored | Hyper | Loud | Annoying | Calm |
| Jealous | Submissive | Territorial | Finicky | Indifferent | Dominant |
| Extroverted | Needy | Independent | Lazy | _____ | _____ |

Does the dog have any reservations to any of the following? (circle all that apply)

- | | | | | |
|------------|---------------|--------------|-----------|--------|
| Men | Women | Children | Strangers | Crowds |
| Other dogs | Other animals | Other: _____ | | |

What situations, if any, upset this dog? Think sounds, circumstances, incidents, routines: _____

Has the dog ever bitten anyone? Please include all incidents including those without broken skin, and with broken skin. Please include circumstances surrounding the incident. _____

Does your dog have a favorite toy, please describe: _____

Does your dog have a favorite food or treat? Please describe: _____

What activities, games, events makes your dog happy or excited? _____

Any circumstances, situations, or background we should know about your dog? _____

Training

Has your dog had any previous formal or informal training? YES or NO

If yes, by who? When? And where? _____

What commands does your dog already respond to? Circle all that apply.

Come Off Down Give Sit Stay

Heel Stand Wait Climb Place Quiet

Leave It Kennel Bring No

Others: _____

How often does your dog come to you when called?

100% 75% 50% 25% 0%

What, if any, bad habits or bad manners would you say your dog needs to work on?

What are you hoping to achieve from a training program with your dog? List activities, sports, manners, commands, etc. _____

How much time can you devote to training your dog at home on an average per week?
(Not including your class time with Gateway)

A Few Times a Week A few times a day
 Other: _____

Do you authorize permission to have this pet photographed for public viewing for photo albums, display, website, advertising, media, etc? YES or NO

By signing the below the owner listed above agrees that all information has been given in full, and that they have not withheld any information such as aggressiveness that many put Gateway Canine llc trainers at risk, or the other canines at the facility in harm's way.

Owner's Printed Name: _____
Signature: _____ Date: _____