



Richard Bernhard

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CLIENT'S REGISTRATION FORM

Date: _____

Name of Owner or Person Training the Dog _____

Dog's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Answer Machine Y___ N___ E-mail @ home address _____

(H) Occupation _____ (W) Occupation _____

(H) _____ (W) _____ Work Phone: _____ Ext. No: _____

How did you hear of us? Referral___ Website___ Business Card___ Ads___ Rack Card___ Groomer___ Vet.___ Other___

Call Name of Dog: _____ Breed: _____ Age: _____

Sex: M___ F___ Neutered/Spayed _____ Age of Dog When Altered _____

PROCURED

Name of Breeder: _____

Name of Foster Home/Rescue Group/Animal Shelter: _____

Approximate age of dog when admitted to the Foster Home/Rescue Group/Animal Shelter:

Months: _____ Years: _____

Approximate age of dog when procured from Breeder/Rescue Group/Animal Shelter: Months: _____ Years: _____

Foster Home/Rescue Group/Shelter: List the reasons why the dog was given up by the previous owner(s):

Have you owned a dog before? Yes ___ No ___ List Breed(s) _____

List any reasons you may have had for surrendering any previously owned dog(s): _____

Veterinarian Profile

Who is your dog's veterinarian?

Name: _____ Office Phone: _____

Name of Animal Hospital: _____

When was your dog last seen by a veterinarian? Month/Year: _____

What was the purpose of the office visit? _____

Is your dog up to date on all inoculations? Y _____ N _____

For your evaluation visit, please bring in a (file) copy of your dog's shot records/or the vet bill indicating Vaccine and Rabies Vaccination immunization dates.

Does your dog have any WORMS? Y _____ N _____

Does your dog have any FLEAS? Y _____ N _____

If your dog is not up to date with inoculations or has worms and or fleas, training must be postponed until dog has received a clean bill of health.

Does your dog have any health problems? Please explain: _____

Is your dog currently on any prescribed medication? Y _____ N _____

If so, what type of medication is your dog now presently taking? _____

Has your dog's veterinarian witnessed any unusual or suspicious behavior in the dog's attitude while performing a routine examination of your dog? _____

Did your veterinarian ever have to muzzle your dog while undergoing a routine examination? Y _____ N _____

Please explain why? _____

Is your dog sensitive to being touched or handled? Y _____ N _____

What areas of your dog's body are sensitive to touch? _____

Does your dog have any physical problems or disabilities which may affect his training? _____

Diet

What name brand of dog food do you presently feed your dog? _____

Also list any food supplements such as: canned dog food - vegetables - fruits - beef - chicken - turkey - lamb

How many times a day do you feed your dog? _____ 1 _____ 2 _____ 3 _____ 4

Quantity of food each serving (cups) _____ or (dry) weight _____ oz.

What kind of dog treats do you give to your dog each day? _____

How many dog treats does your dog receive each day over and above the dog's normal daily feeding requirements?

What is your dog's present body weight? _____ pounds

Dog's Personality Profile

Aggression Problems

Does your dog _____ Growl _____ Nip or try and _____ Bite?

List the conditions when your dog will Growl, Nip or try and Bite _____

Has the dog bitten anyone? Y _____ N _____

Under what circumstances has the dog bitten someone: _____

Is your dog aggressive around other dogs? Y _____ N _____

Circumstances please explain: _____

Is your dog aggressive around familiar people? Y _____ N _____

Circumstances please explain: _____

Territorial Problems

Does your dog continually mark his territory and the territory of other dogs by excessively urinating and defecating on those areas? _____

How does your dog react in his yard area when approached by an unfamiliar person? _____

How does your dog react when an unfamiliar person comes to your front door? _____

Guarding Problems

Is your dog possessive around food, toys, or other objects? If so, please explain: _____

Sociability Factors

Is your dog sociable with all members of your family? Y _____ N _____

Dog is not sociable with what adult person(s) Describe: _____

Is your dog sociable with children? Y _____ N _____

Dog is not sociable with what child? Describe: _____

Is your dog sociable with strangers inside Y _____ N _____ and outside Y _____ N _____ your home?

Describe conditions: _____

Has the dog been properly socialized around traffic and other street noises? Y _____ N _____

Exercise Needs

How many times per week do you take your dog outside for physical exercise? _____

What is the length of time you spend with your dog outside for each exercise period? _____

What means do you provide as a way of exercising your dog? _____

Discipline

Who has been assigned to be the dog's primary caretaker? _____

Who punishes the dog? _____

What form of punishment does the dog receive? _____

How does the dog react to your form of punishment? _____

Family Members

Number of family members? _____ Include children and their ages

Husband's Name: _____ Wife's Name: _____

1. Name of Child: _____ Age of Child: _____

2. Name of Child: _____ Age of Child: _____

3. Name of Child: _____ Age of Child: _____

Basic Needs Fulfillment

Where does your dog sleep? _____

How often is your dog bathed? _____

How often is your dog brushed? _____

Your Training Skills

Are you a member of, Y _____ N _____ or affiliated with any local dog training clubs?

If so, please include club name and your affiliation: _____

Have you ever trained Y _____ N _____ a dog before?

Breed Type: _____ Most recent training date? _____

Trainer's Name or Organizational Name: _____

Do you at any time in the future plan to:

Teach or instruct people how to train dogs? Y _____ N _____

Train dogs part time for additional income? Y _____ N _____

Become a certified professional dog trainer Y _____ N _____

Do you have any hearing or other physical limitations? Y _____ N _____

If so, please describe in detail: _____

What training has your dog received to date? _____

Behavioral Problems

Note: If possible, try and video tape behavioral problems as they are occurring.

List and describe all of your dog's problem behaviors

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Owner's Requirements for Training

Please state briefly what you want to accomplish. Be specific: _____

On the day of your scheduled lesson, if your dog's normal feeding time is within a few hours of class time, then feed him a light meal, about 25 percent of his total daily ration.

Trainer's Personal Comments of Evaluation
