



The Academy

POSITIVE DOG TRAINING

BAT Class

Private Class on (date) _____ @ (time) _____

Personal Information

Owner's Name: _____ **Phone:** Home: _(_____)_____

Address: _____ **Work:** _(_____)_____

City: _____ **Postal Code:** _____ **Cell:** _(_____)_____

Dog Information

Name: _____ **Breed:** _____ **Age/DOB:** _____

Please explain, at what distance does your dog become uncomfortable with dogs or humans in the environment? (By uncomfortable, we mean more interested in the other dogs or humans)

What behaviours or skills would you like your dog to know? What behaviours would you like to change? List as many specific behaviours as possible, in order of priorities.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Home Information

Please indicate the individuals living in the home, as well as all the ages of children living in the home.

Name

Age

Please list the animals, excluding the dog, in the household.

Name

Species

Breed

Sex

Altered

Age Obtained

Age Now

M	F	Y	N	_____	_____
M	F	Y	N	_____	_____
M	F	Y	N	_____	_____
M	F	Y	N	_____	_____

In the following questions, we will use the singular term "dog" instead of "dogs" because most people are only asking for advice for a single dog. If you have multiple dogs that you require help with, answer all questions on an additional piece of lined paper for every additional dog.

Describe your dog's relationship to the animals in your home (use specific words like appeasing, hostile, fearful, or reactive).

Estimate how much time your dog spends without human companionship, daily.

What type of area do you live in? Urban Suburban Rural Acreage Community

What type of home do you live in? Apartment Condo Own House Rented House

Have you moved recently? Yes No If yes, how long ago? _____

Has your household (people or animals) changed since getting your dog? Yes No

If yes, please describe

Dog's Background

Where did you get this dog?

Animal Shelter
Pet Store

Breeder (newspaper)
Rescue Organization

Breeder (referral)
Stray

Friend
Other: _____

Why did you decide to get a dog?

How many guardians has this dog had, other than you? _____

If you are not the first guardian, do you know why this dog has been rehomed?

Why did you choose this dog/breed?

At what age was this dog spayed/neutered? _____ Why or why not? _____

If yes, were there any behavioural changes after spaying/neutering?

If your pet is intact, has s/he ever been bred?

Are you planning to breed? Yes No If you have an intact female, when was her last heat? _____

If you have an intact female, did you notice any changes while she was last in heat?

Diet and Daily Routine

What is your dog's energy level, in general? What Energy? Low Medium High Excessive
What is your dog's appetite, in general? Very Finicky Picky Moderate High Chow Hound
What do you feed your dog? Please be specific in both brand and flavour:

How much do you feed?

Has your dog's appetite changed? Increase Decrease No Change

Who feeds the dog?

Where is your dog fed?

What is your dog's favourite treat?

Please describe a typical 24-hour day in your dog's life. Use additional papers as needed.

How do you exercise your dog and how often? Do you have a yard? Yes No

How do you play with your dog? What toys does your dog have?

Check all that apply when your dog is alone

- | | |
|--|---|
| <input type="checkbox"/> Dog is free in a physically fenced yard | <input type="checkbox"/> Dog is free inside the house |
| <input type="checkbox"/> Dog is free in an "invisibly" fenced yard | <input type="checkbox"/> Dog is crated inside the house |
| <input type="checkbox"/> Dog is in an outdoor kennel | <input type="checkbox"/> Dog is tied outside |

Is your dog housetrained? Yes No If yes, how reliable is s/he and at what age did s/he become reliable?

Where does your dog sleep at night? Be as specific as possible.

Have there been any changes in your dog's sleeping habits?

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are leaving home?

How does your dog behave when you return home?

Is your dog accustomed to the muzzle? Yes No

Muzzle comments (dog's experience, type of muzzle, why or why not):

Training Experience

What basic manners training has your dog had?

- None
- Trained at home
- Started a training class, but didn't finish
- Graduated basic training class
- Graduated two or more levels of training class
- Private trainer
- Other: _____

Please list the trainer(s) or behaviourist(s) you have worked with for this dog.

If your dog has had prior training, rate how much you have used the following methods to teach your dog a *new* behaviour. Use a scale from 0 to 5, with 0 meaning "I have never done this" and 5 meaning "I use this a lot".

- Dog is placed into position, manually
- Dog is lured into position
- Dog is shaped into position using a clicker or verbal marker like "yes!"
- Behaviour is captured using a clicker or verbal marker like "yes!"
- A leash correction is used when the dog does not obey a command
- An electric collar is used when the dog does not obey a command
- Dog is verbally corrected for not obeying a command
- Dog is ignored for not responding to a cue

How old was the dog when basic manners training started?

Who in the family is the primary trainer?

For each family member, state the percent of the time that your dog will respond to each of the following cues. LLW means Loose Leash Walking

Name	Sit	Down	Stay	Come	Heel	LLW
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___

Dog's Behaviour

How does the dog behave with familiar visitors? (children or adults)

How does the dog behave with unfamiliar visitors? (children or adults)

Does your dog mount people or objects? Yes No If yes, what or whom does s/he mount?

Does your dog bark at you? Yes No If yes, describe

Does your dog bark at other times? Yes No If yes, describe

Does your dog jump on people without permission? Yes No

Does your dog paw at you or others? Yes No

Dog's Medical History

Is your dog on any medication now, for any reason? Yes No If yes, describe

Has your dog been on medication in the past? Yes No If yes, describe

When was your most recent visit to the vet?

Who is the dog's Veterinarian?

If this problem may be physical in nature (incontinence, sudden aggression, etc) has your vet already done an examination to rule out medical causes? Yes No If so, list tests done below

Problem Behaviours

Are there behaviours that you would rather your dog *didn't do*? Please be specific and list them in the order of your priorities for training behavioural changes. If you have more than five major problems, please use additional lined paper.

1. _____

2. _____

3. _____

4. _____

5. _____

Choose the following option that best describes your situation.

- I am just curious about what you would suggest, problem is not serious
- I would like to change the problem, but it is not serious
- The problem is serious and I would like to change it, but if it remains unchanged, that's all right
- The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog
- The problem is very serious and I would like to change it; if it remains unchanged, I will give him/her up or have him/her put to sleep

Have any family members already "given up" on the dog? Yes No

Has anyone suggested that if the dog doesn't change soon, you'll have to get rid of the dog? Yes No

If so, who is it, and does he or she have the authority to make you give the dog up?

Have there been complaints made by neighbours? Yes No

If so, to whom have they complained? (You? Landlord? Bylaw or Police?)

How frequently does the problem occur? Answer each of these questions with your previous list of problem behaviours in mind (number 1 is problem behaviour 1, 2 is 2, etc)

- | | | | | |
|--------------------------|-------|--------|---------|---------------------------|
| 1. Several times per day | Daily | Weekly | Monthly | Only a few times per year |
| 2. Several times per day | Daily | Weekly | Monthly | Only a few times per year |
| 3. Several times per day | Daily | Weekly | Monthly | Only a few times per year |
| 4. Several times per day | Daily | Weekly | Monthly | Only a few times per year |
| 5. Several times per day | Daily | Weekly | Monthly | Only a few times per year |

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the dog do the main behaviour you want to change?

Has this problem changed in frequency? Yes No If yes, describe

Has this problem changed in intensity? Yes No If yes, describe

Describe any other ways this behaviour problem has changed.

I acknowledge...

that participation in training with instructors from The Academy exposes me to a possible risk of personal injury, including risk to myself, family members, guests and my dog(s) because of the actions of other dogs at the facility, which may be difficult to control, and may be the cause of injury.

I agree that I am participating in The Academy solely at my own risk. I agree to assume all responsibility for the actions of my dog(s). I further agree to hold The Academy, its owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, harmless from any and all liability and from any and all property damage, personal injury an injury to any dog(s), or any other claims arising from or in connection with participation in this program, which may be alleged to have been caused directly or indirectly to any person, dog(s), or thing by the act of my dog while in or upon the training area, or near the entrance there-to.

I further agree to hold The Academy and its owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, harmless from any claim for property damage or personal injury to myself, my family or guests and to my dog(s), whether such loss, theft, disappearance, damage, or injury be caused or be alleged to be caused by the negligence of The Academy and it's owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, or by the negligence of any other person or any dog(s), or any other cause or causes.

I further agree that this Agreement and Waiver is binding for all programs with The Academy, including this class and any subsequent classes that I may attend. I acknowledge that I have read and fully understand this Waiver and Agreement. I acknowledge that this Agreement is binding on me, my spouse, my children, my legal representatives and my estate.

Signature of Primary Owner or Handler

(in case of a minor, a parent or legal guardian must sign)

Signature of Witness

Printed Name

Printed Name

Date

Date