



CONTACT INFORMATION

Owner Information (Please Print Clearly)

Name: _____

Address: _____

EMAIL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Local Emergency Contact

Name: _____

EMAIL: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pet Information

Name: _____ Breed: _____ Sex: _____

Birthdate: _____ Age: _____ Weight: _____

Date you acquired dog: _____

Is dog spayed/neutered? _____ At what age was it done? _____

Where did you get your dog? _____

If adopted, do you have any knowledge of your dog's history?

Veterinarian

Name: _____

Address: _____

Phone: _____

How did you hear about PAWZ Enrichment Center?

What service(s) are you interested in? _____

Day Training? _____ Training Classes? _____

HEALTH/GROOMING

1. Has your dog had all their required vaccinations? _____
2. Does your dog have any health conditions? _____

3. Is your dog motivated by food? _____ toys? _____
4. What dog food do they eat? _____
What is the main protein? Chicken? Beef? Etc. _____
5. Does your dog have a problem with fleas? _____ Allergies? _____
List: _____
6. Does your dog have hip dysplasia? _____ If yes, what restrictions need to
be placed on your dog's activities or movements? _____

7. Does your dog like to be brushed? _____
8. How does your dog react to having his/her nails clipped? _____

9. Does your dog have any sensitive areas on his/her body? _____

10. Where are your dog's favorite petting spots? _____
11. Do you have a fenced in yard? _____ Doggy door? _____
12. Where does your dog sleep? _____
13. Is your dog secured in a car? _____ How? _____

PET PERSONALITY PROFILE

14. Does your dog like children? _____
15. How does your dog behave around children? _____
16. Are there other animals in your household? If so, please list type, sex, and age of
each: _____
17. How does your dog get along with other resident animals? _____

BEHAVIOR

18. What does your dog do when he gets upset? _____

19. Does your dog act afraid of any specific items or noises? If so, please explain:

20. How does your dog react to strangers coming into your home or yard?

21. Does your dog ever bark or growl at anyone passing outside your home or yard?

22. Are there any kinds of people your dog automatically fears or dislikes?

23. Are there any kinds of dogs your dog automatically fears or dislikes?

24. How does your dog react to puppies? _____

25. Has your dog ever:

Growled at someone? _____ What were the circumstances:

Bitten someone? _____ What were the circumstances:

Growled or snapped at anyone who has taken his/her food or toys away from him/her?

_____ What were the circumstances:

Shared his/her food or toys with other animals?

26. Does your dog play with any toys? _____ If yes, what kind of toys does your dog like and what games does he/she play?

27. Does your dog enjoy being in a crate? _____

28. Why do you think your dog would like playgroups?

29. Has your dog played with other dogs? How many? Been to a dog park? Dog Daycare? _____

30. Describe how your dog usually plays? Wrestles, chases, biting, bounces, etc.?

31. Has your dog ever had any formal obedience training? _____ If yes, when and where? _____

32. What commands does your dog know?

33. Other comments about your dog which you feel might be helpful:

EXPECTATIONS

What do you expect to learn, get out of, etc. from dog training classes or daytraining?
“A good family dog.” What does a well-behaved or well-mannered dog look like to you?

Think in terms of what you want, not what you don't want!

- ☐ Sit when greeting people
- ☐ Stop barking, digging, jumping, etc. when told to
- ☐ Go outside to do their business
- ☐ Walk beside me when out for a walk
- ☐ Chew only on approved toys
- ☐ Come when called
- ☐ Go into a crate/kennel when told
- ☐ Allow items/food/etc. to be taken from them
- ☐ Relax when I'm gone
- ☐ Leave other things alone besides their toys

☐ Get the Canine Good Citizen Award

☐ Compete in dog sports: Agility, Nosework, Obedience. Etc.

What sport(s)? _____

Others: _____

FOR OFFICE USE ONLY

Enrollment Form _____ Enrollment Fee _____ Shots _____

Staff Screened _____ Computer Entry _____ First Day _____

NOTES:
