



Training Camp Profile

General

Owner's Name:

First

Last

Address:

Street Address

Street Address line 2

City

State

Zip Code

Day Phone:

Evening Phone:

Email:

Confirm Email:

Which program are you interested in? (Circle all that apply)

Puppy Manners Camp

yes

no

Manners Camp

yes

no

Day camp

yes

no

How did you hear about us? (Please be specific if referred by an individual or business so we can thank them!)

Names and ages of all humans living in the home:

Names, ages and breeds of all other animals living in the house:



Training Camp Profile

Dog Information

Puppy's Name:

Breed:

Birth Date:

Sex: ☐ Male (intact)
☐ Male (neutered)
☐ Female (intact)
☐ Female (spayed)

Weight:

Bite History

Has your dog ever harmfully bitten people? If so, please explain.

Has your dog ever harmfully bitten other dogs? If so, please explain.

Medical History

Veterinarian:

Vet's Phone:

Vet's Address:

Does your dog have any health problems that we should know about? If so, please explain.

Does your dog have any food allergies or sensitivities? If so, please explain.

Does your dog have any history of GI issues? If so, please explain.



Training Camp Profile

Prior Training

Has your dog had any prior training? (Circle any that apply)

- | | |
|---------------------|-----------------|
| None | Puppy Class |
| At home | Board/Train |
| Beginning Obedience | Already trained |
| Private Lessons | |

Other training comments:

Name of other trainers/businesses you have used:

What does your dog know? (Circle all that apply)

- | | | |
|-----------|-----------|----------|
| Sit | Lie Down | Off |
| Stay | Heel | Come |
| Shake/Paw | Kennel up | Leave it |
| Drop it | Catch | |

Have you ever used any of the following training tools or methods? (Circle all that apply)

- | | |
|--|-----------------------------------|
| Clicker | Treat/food rewards |
| Toy Rewards | Harness |
| Head Halter | Muzzle |
| Choke Collar | Prong collar |
| Remote (shock) collar for training | Remote (shock) collar for barking |
| Invisible fence/shock collar - confinement | Citronella collar |
| Sonic collar for barking | Alpha rolls |
| Spray (water) bottle | Penny/shaker can |
| Grabbing dog's scruff or jowls | |

History

Where did your dog come from?

How long have you had your dog?

Is this your first dog?

Yes No

Why did you choose this dog?



Training Camp Profile

History (con't)

What type of food do you feed?

☐ Kibble

☐ Canned

☐ Homemade Diet

Brand of Food:

How many times a day is your dog fed? Or do you free-feed?

How much do you feed at each meal?

What time(s) is your dog fed?

Does your dog get people food?

☐ Yes

☐ No

What types of treats and/or chews does your dog enjoy and how often?

Is your dog housetrained?

☐ Yes

☐ No

Is your dog crate-trained?

☐ Yes

☐ No

If your dog has "accidents", please describe circumstances:

Dog's Favorite toy is:

Dog's Favorite Treat is:

Dog's favorite Activity is:

What do you like best about your dog?

Is there anything else you think is important for us to know?



Training Camp Profile

History (con't)

How does your dog typically behave around new people? (Circle all that apply)

- | | |
|-------------------------|------------------------|
| High, wagging tail | Tail tucked |
| Likely to run forward | Crouches |
| Likely to jump up | Ears back |
| Very playful | Nervous/afraid |
| Pushy/in their face | Likely to ignore |
| Likely to bark | Stiff |
| Likely to growl | Level, wagging tail |
| Likely to nip/bite | Ears forward |
| Likely to attack | Likely to walk forward |
| Protective of you | Somewhat playful |
| Protective of toys | Wiggly |
| Protective of food | Likely to whine |
| Other comments (people) | |

How does your dog typically behave around new dogs? (Circle all that apply)

- | | |
|-----------------------|------------------------|
| High, wagging tail | Tail tucked |
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| Likely to attack | Likely to walk forward |
| Protective of you | Somewhat playful |
| Protective of toys | Wiggly |
| Protective of food | Likely to whine |
| Other comments (dogs) | |



Training Camp Profile

What would you like your dog to work on in training camp this week? (Star all that apply)

Off' - No jumping up

Sit'

Drop' - Let go of what's in your mouth

Leave it' - Don't go near that

Kennel' - Going in on command

Socialization - People/Dogs/Common noises

Loose leash walking - No pulling

Potty training

Puppy nipping

Excessive chewing

Name recognition - Coming when called (Recall)

Wait' - Impulse control

Other - _____

Thank you so much for filling out this training profile for your puppy!

**The more information we have,
the better we can tailor your puppy's program to best serve his/her needs!**