

IN BOARD TRAINING PROFILE FORM

Please fill out this form and send it to:

Michele Godlevski
195 Robbins Rd.
Youngsville, NC 27596
michelegodlevski@yahoo.com

Date _____ Owners Names _____

Address _____ Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Number _____ Other Emergency Contact Number _____

The following people are authorized to pick up my dog from In Board Training _____

Dog's Name _____ Dog's Breed _____ Dog's Birth Date: _____

Dog's Gender _____ Neutered/Spayed? _____

Plans to show dog? _____ What types of shows? _____

How old was this dog when you first acquired it? _____ Where did you get this dog from? _____

Are you the dog's sole owner? _____ Co-Owner's Name: _____

Has the dog had previous owners? _____ Previous Owner's Name: _____

Veterinarian's Name _____ Vet's Phone Number _____

Tattoo or Microchip Number: _____ Identifying Marks: _____

Any Special Medical Conditions or Considerations My Dog Has: _____

Flea & Tick Preventative: _____ Given last: _____ To Be Given: _____

Heartworm Preventative: _____ Given last: _____ To Be Given: _____

Intestinal Worm Preventative: _____ Given last: _____ To Be Given: _____

Medications: _____ Given last: _____ To Be Given: _____

Medications: _____ Given last: _____ To Be Given: _____

Allergies: _____

Does your dog like to be brushed? _____ Nails clipped? _____

Does your dog like to be bathed? _____ Like to swim? _____

Is your dog sensitive about a particular body part being handled? (i.e. paws, tail, ears)

Has your dog been evaluated for hip dysplasia? _____ What were the results? _____

Does your dog have any known orthopedic issues or physical limitations? _____

Number of times per day your dog urinates: _____ defecates: _____

Is your dog used to leash walks or a fenced yard? _____ # times / day? _____

Is your dog crate trained? _____ How well does your dog ride in the car? _____

Brand of Food: _____ Amount _____ Times Per Day _____

TRAINING GOALS FOR MY DOG ARE: (please use blank sheet of paper or back of form for additional details)

1. Undesirable dog behaviors I would like to change: _____

Things we have tried to solve the problems & how well they worked: _____

2. New behaviors/training I would like my dog to learn: _____

3. Commands my dog already knows well: _____

4. Commands that need strengthening: _____

5. Short-term goal(s) for my dog are: _____

6. I would like to reach my short-term goals by: _____

7. Long-term goal(s) for my dog are: _____

8. I would like to reach my long-term goals by: _____

9. Treats my dog really likes: _____

10. Toys my dog really likes: _____

11. Activities my dog really likes: _____

12. Place my dog most loves to be petted: _____

13. Things my dog is afraid of: _____

14. How does your dog behave around:

- People of all shapes and sizes?
- Other dogs of all shapes and sizes?
- Noises?
- New places?
- Cats?

15. Does your dog enjoy playing with other dogs? _____

16. How does your dog behave around people coming into your home or yard? _____

17. How does your dog behave around people or other dogs coming near food or toys? _____

18. Has your dog ever growled or snapped at a person? ____ What were the circumstances? _____

19. Has your dog ever growled or snapped at another dog? ____ What were the circumstances? _____

20. Has your dog ever bitten a person? _____ What were the circumstances? _____

21. Has your dog ever bitten another dog? _____ What were the circumstances? _____

22. Does your dog like to mouth or nip? _____

23. Does your dog like to jump up on people? _____

24. Does your dog like to bark at strangers? _____

25. Does your dog like to bark at other dogs? _____

26. Does your dog bark in the crate? _____

27. Does your dog have housetraining accidents? _____

28. Does your dog like to break free and run from you? _____

29. Is your dog allowed up on the furniture? _____ What type and when? _____

30. Has your dog ever shown signs of separation anxiety (severe stress) when you leave? _____

31. Does your dog like to chew on toys or bones? _____ What kind of toys or bones? _____

32. Has your dog ever ingested non-food items? ____ What kind of items? _____

33. Does your dog like to dig? _____ Has your dog ever dug out of a fenced yard or leaped a fence? _____

34. Has your dog ever killed a rabbit, squirrel, or other small animal? _____

35. Is there any other behavior your dog does that we need to know about? _____