**HIDDEN VALLEY OBEDIENCE CLUB Student and Dog Profile**

**Your confirmed Order Number:**

Owner/Handler: Phone:

Email address to contact handler:

Dog’s Name: Breed Type: Age:

What previous class or training has your dog experienced, if any?

Where did you obtain your dog?

How did you hear about our class?

Do you or your dog have any physical disabilities that might effect your training?

What do you want to accomplish in this class?

List cues your dog responds to now:

What concerns you most about your dog?

Which of the following applies to your dog?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  EXCESSIVE ENERGY | [ ]  DESTRUCTIVE | [ ]  SHY | [ ]  BITES |
| [ ]  AGGRESSIVE | [ ]  GROWLS | [ ]  BARKING | [ ]  POSSESSIVE |

Please briefly describe any of the behaviors indicated:

Number of hours (24 / day) your dog is:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  INSIDE | [ ]  OUTSIDE | [ ]  WITHOUT HUMANS | [ ]  WITH HUMANS |

Where does your dog sleep?

What type of collar, head halter, or harness are you using now?