

HIDDEN VALLEY OBEDIENCE CLUB

Student and DOG Profile

Class: Please circle class in which you registered:

PUPPY      BEGINNER I at 6PM      BEGINNER I at 7PM      BEGINNER II

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (Mailing) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed Type: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_ Spay/Neutered \_\_\_\_\_ Where did you obtain dog? \_\_\_\_\_

1. How did you hear about out class? \_\_\_\_\_

2. Do you or your dog have any physical disabilities that might effect your training? \_\_\_\_\_

3. What do you want to accomplish in this class? \_\_\_\_\_

4. List commands your dog will obey now. \_\_\_\_\_

5. What methods have you used to discipline your dog? \_\_\_\_\_

6. What do you like best about your dog? \_\_\_\_\_

7. What concerns you most about your dog? \_\_\_\_\_

8. Please circle words that could apply to your dog:      EXCESSIVE ENERGY      DESTRUCTIVE  
SHY    BITES    DOMINANT    AGGRESSIVE    GROWLS    BARKING    POSSESSIVE

9. Please describe any of the behaviors circled. Use back of page if more space is needed.

10. Number of Hours (24/DAY) your dog is:  
INSIDE \_\_\_\_\_ OUTSIDE \_\_\_\_\_ WITHOUT HUMANS \_\_\_\_\_ WITH HUMANS \_\_\_\_\_

11. Where does dog sleep? \_\_\_\_\_

12. What type of collar are you using now? \_\_\_\_\_