



DAYCARE | BOARDING | TRAINING

DOGGIE DEPOT INC. TRAINING ENROLLMENT FORM

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Complete a profile for each dog to be enrolled for training at Doggie Depot. There are no right or wrong answers as all dogs are unique.

OWNERS NAME(S) DATE

ADDRESS CITY STATE ZIP

PHONE NUMBER EMAIL ADDRESS

WHAT CLASS ARE YOU ENROLLING IN? CLASS START DATE

1. PROFILED DOG INFORMATION

DOG'S NAME BREED SEX

COLOR WEIGHT DOG'S BIRTH DATE

HOW OLD WAS YOUR DOG WHEN YOU GOT HIM/HER? HOW LONG HAVE YOU OWNED YOUR DOG? (YEARS & MONTHS)

2. GENERAL HOUSEHOLD INFORMATION

PEOPLE IN THE HOUSEHOLD

TOTAL # OF PEOPLE LIVING IN YOUR HOUSEHOLD # OF ADULT MALES # OF ADULT FEMALES

MALE CHILDREN FEMALE CHILDREN

HOW MANY ARE THERE? WHAT ARE THEIR AGES? HOW MANY ARE THERE? WHAT ARE THEIR AGES?

OTHER DOGS & CATS IN HOUSEHOLD

1 DOG BREED AGE SEX SPAYED OR NEUTERED

2 DOG BREED AGE SEX SPAYED OR NEUTERED

3 DOG BREED AGE SEX SPAYED OR NEUTERED

4 DOG BREED AGE SEX SPAYED OR NEUTERED

Do you have cats? Yes No If yes, how many cats do you have?

3. HEALTH/GROOMING

1 How does your dog react to having his/her nails clipped? _____

2 Does your dog like to be brushed? Yes No

If no, what have you tried to make it more enjoyable? _____

3 Does your dog have any sensitive areas on his/her body? Yes No

If yes, where? _____

4 How frequently is your dog walked outside? _____

5 How long are your walks? _____

6 Indicate from the following the overall level of exercise that best describes your dog's routine:

- Couch Potato Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser Spends days outdoors, short daily walks and/or regular playtime with human or other dogs.
- Moderate Exerciser Long or multiple walks daily and/or regular playtime with human or dogs.
- Athlete Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, Frisbee, etc.

7 Does your dog have any allergies? Yes No

If yes, please explain _____

8 Does your dog have any physical disabilities? Yes No

If answered yes, please explain disability & cause: _____

What restrictions need to be placed on your dog's activities or movements?

No jumping No running No hard play

Other (Please explain) _____

4. BEHAVIOR

RELATIONS WITH PEOPLE AND OTHER ANIMALS

1 Indicate from the following the level of dog socialization that best describes your dog's routine: _____

- None – No knowledge of other dog interaction
- Minimal – On lead encounters only
- Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etc.

2 Does your dog like children? Yes No

3 How does your dog react to a stranger coming into your home or yard? _____

4 How does your dog react to another dog approaching it in a park, at the beach or on a walk?

a. On Leash: _____

b. Off Leash: _____

5 Has your dog ever shared his/her food or toys with other animals? Yes No

If yes, how does your dog react to another dog approaching his/her food or toys? _____

6 Where does your dog sleep? Inside the house Outside the house Inside/Outside-varies

In which room in the house does your dog sleep? _____

Where in the room does your dog sleep? Crate Owner's bed Dog Cushion/Bed on floor

Other (Please describe) _____

7 Has your dog ever jumped up on someone? Yes No

If yes, what were the circumstances? _____

8 Has your dog ever growled at someone? Yes No

If yes, what were the circumstances and how did you respond? _____

9 Has your dog ever bitten someone? Yes No

If yes, what were the circumstances and how did you respond? _____

GENERAL BEHAVIOR

1 Is your dog frightened by any noises? Yes No

If yes, what noises? _____

2 Is your dog frightened of or nervous around anything else? Yes No

If yes, please explain: _____

3 Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? Yes No

If yes, what were the circumstances and how did you respond? _____

4 Does your dog have any problems in any of the following areas?

Mouthiness: Yes No

Housetraining: Yes No

Barking: Yes No

Digging: Yes No

Ignoring commands: Yes No

If yes, please explain: _____

5 Please check anything that applies to your dog:

Aggressive

Bites

Destructive

Dominant

Excessive Energy

Fearful

Growls

Guards Food

Mouthy

Noisy

Not Good With Dogs

Not Good With People

Pushy

Shy

Too Attached To Me

Won't Listen To Me

Other: _____

Briefly explain what you have circled above: _____

PREVIOUS TRAINING

1 Have you attended an obedience class before with any dog? Yes No

If yes, when and where? _____

What did you like most about that class? _____

2 Have you attended an obedience class with THIS dog? Yes No

If yes, when and where? _____

3 What did you like most about that class? _____

4 What do you want to accomplish in this class? _____

5 What concerns you the most about your relationship with THIS dog? _____

OWNER #1

NAME (PRINT)

SIGNATURE

DATE

OWNER #2

NAME (PRINT)

SIGNATURE

DATE