

# Unleashed REGISTRATION FORM

## OWNER INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile # \_\_\_\_\_ Work phone # \_\_\_\_\_

Address: \_\_\_\_\_

T-Shirt Size everyone in the family: \_\_\_\_\_

Which day(s) of the week do you prefer for training your dog? (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Do you have any specific training requests? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

## DOG INFORMATION:

Name: \_\_\_\_\_ Primary breed(s): \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex:  Male  Neutered  Female  Spayed

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

When did you adopt/acquire your dog? \_\_\_\_\_

My dog is from a:  Rescue  Shelter  Pet store  Breeder  Other: \_\_\_\_\_

## EMERGENCY CONTACTS INFORMATION:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## VETERINARIAN:

Name/Clinic: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## CANINE HEALTH:

Does your dog have any medical conditions? Yes No

If yes, please specify: \_\_\_\_\_

Does your dog receive a monthly flea and tick preventative?  Yes  No

monthly heartworm preventative?  Yes  No

Current Vaccinations:  Rabies  Canine Parvovirus  Canine Distemper Virus

Canine Adenovirus 2  Bordetella  Canine Influenza Virus  Canine Parainfluenza Virus  Other:

## CANINE DIET:

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Kibble/Raw diet? Brand: \_\_\_\_\_

Supplements? \_\_\_\_\_

Do you give your dog treats?  Yes  No

If yes, please specify brand/type: Quantity/frequency. \_\_\_\_\_

Does your dog have any food allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

## CANINE PERSONALITY & BEHAVIOR:

My dog is: (please only check the one that applies the most):

- Playful  Excitable  Outgoing  Independent  
 Shy/Timid  Verbally Sensitive  Physically sensitive  
 Pushy  Aggressive  Stubborn

When stressed or fearful, my dog: Growls

- Growls  Shows teeth  Snaps  Might Bite  Will bite  
 Trembles  Cowers  Freezes  Moves away  
 Is rarely stressed, or fearful  Is never stressed or fearful

My dog has been known to: (please check all that apply):

- Dig  Climb or jump fences  Frequently bark  Guard toys  Guard food  
 Jump up on people Mouths or nip  Chew on anything  Chase other animals

My dog can be: (please check all that apply):

- Overly protective  Afraid of thunder  Afraid of loud noises  Fearful of children  
 Fearful of men  Fearful of women  Fearful of other dogs  Fearful of other animals  
 Afraid of sudden movements  Food aggressive  Toy aggressive

My dog plays best with: (please only check those that apply the most):

- small dogs  large dogs  Puppies  Old dogs  Young dogs  All dogs  No dogs

My dog prefers playing: (please only check the one that applies the most):

- In small group  A large group  Any size group  By Himself

My dog likes being: (please check all that apply):

- Hugged  Brushed; Touched on his:  Ears  Mouth  Paws  Tail

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My dog dislikes being: (please check all that apply):

Hugged  Brushed; Touched on his:  Ears  Mouth  Paws  Tail

My dog is particularly sensitive about being touched on his: \_\_\_\_\_

Does your dog have any unusual behaviors (other than those listed above)?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your dog ever bitten a person?  Yes  No; A dog?  Yes  No; Another animal?  Yes  No

If yes for any of the above, please explain: \_\_\_\_\_

## CANINE ACTIVITIES:

My dog is: (please check all that apply):

Housetrained  Crate trained  Obedience trained  Agility trained  Other:

Which cues, if any, does your dog know? (Please check all that apply):

Focus  Sit  Down  Stay  Leave-it  Come  Let's Go  Heel

Drop-it  Take-it  Stand  Other(s): \_\_\_\_\_

Does he respond to: Verbal cues  Hand signals  Both  Sometimes neither

My dog's favorite toy(s) are/is: \_\_\_\_\_

My dog's least-favorite toy(s) are/is: \_\_\_\_\_

When home alone, my dog is: (please only check the one that applies the most)

Crated  In an outdoor or kennel  Kept indoors  Kept Outdoors

Allowed to go in and out  Kept in a specific room  Other: \_\_\_\_\_

How often do you walk your dog and for how long? \_\_\_\_\_

Do you take your dog to a dog park?  Yes  No

If yes, how frequently? \_\_\_\_\_

If yes, how does he interact with the other dogs? \_\_\_\_\_

My dog's favorite activity at home is: \_\_\_\_\_

My dog's favorite activity away from home is: \_\_\_\_\_

My dog's least favorite activity at home is: \_\_\_\_\_

My dog's least-favorite activity away from home is: \_\_\_\_\_

Anything else we should know about your dog: \_\_\_\_\_