

k9Crazy Play Skool

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Play & Train Day Skool Student Profile

GENERAL INFORMATION

Owner's _____ Name _____

Dog's Name _____ Dog's Breed _____ Gender _____

Dog's Birthdate _____ Spayed / Neutered at what age _____

How long have you owned your dog? _____ Where did you get your dog? _____
If adopted, what knowledge do you have of your dog's past history? _____

How did you hear about *k9Crazy Play Skool* ? _____

Names of other Animals in your household: Species/Breed? Spayed/Neutered? Age?

How does your dog get along with the other animals in your household? _____

Has your household situation changed in any way over the past year? Y / N
If yes, please describe: _____

BEHAVIOR

What does your dog do when you are not at home?

What does your dog do to show he/she is happy?

What kind of toys and games does your dog like?

Has your dog ever had any formal obedience training? Y / N

If yes, what type, where and when?

What commands does your dog respond to?

Hand commands? _____ Bathroom command?

Play commands? _____ Quiet command?

Other commands?

What tricks does your dog do?

Does your dog have any problems in the following areas? (If yes, please describe)

Mouthiness? _____ Housetraining? _____ Barking?

_____ Digging? _____ Ignoring commands?

_____ Jumping? _____

How does your dog react when...?

People come into your home or yard?

People pass outside your home or yard?

People bring their dog(s) into your home or

yard? _____

Dogs pass outside your home or yard?

Has your dog ever ...? (If yes, please describe)

Growled at someone?

Bitten someone?

Scaled a fence? (type/height?)

Reacted negatively when someone took food or toys away?

Is your dog anxious around or frightened by any particular:

Noises? _____

Actions? _____

Objects? _____ Types/ Genders of People?

How often per week is your dog taken for walks? _____ Does he/she enjoy them?

Y / N

How does your dog react to other dogs approaching him/her when:

On lead _____ Off lead

If your dog socializes with other dogs...

How often and under what circumstances?

Are there any kinds of dogs your dog automatically fears or dislikes? _____

Does your dog prefer male/female dogs? _____ Large, small, or same size dogs? _____

How does he/she react to puppies?

What kind of games does he/she play with other dogs? _____

Does he/she willingly share his/her food or toys with other dogs? _____

Has your dog ever visited a dog park? Y / N Did she/he enjoy it? Y / N

Details (where, when, how often)

Has your dog ever gone to daycare? Y / N Did she/he enjoy it? Y / N

Details (where, when, how often)

OTHER IMPORTANT INFORMATION

What are your dog's favorite petting spots?

Does your dog have any sensitive areas on his/her body? _____

How often do you brush or comb your dog? _____ Does he/she enjoy it? Y / N

Do any restrictions need to be placed on your dog' activities (e.g. hip dysplasia)? Y / N

If Yes, Please describe

Will you allow your dog to rest on the furniture while he/she is at daycare? Y / N

May we give your dog our treats while he/she is at daycare? Y / N or Provided by Owner

What flea & tick prevention program is your dog on? _____ Frequency? _____

ANY OTHER INFORMATION