



# PET-AGREE, INC. CANINE TRAINING SCHOOL

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## PRIVATE LESSON FORM

### **Person's Information:**

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of children in the home: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **Dog's Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: **M** or **F** Spayed /neutered: **Yes** [ ] **No** [ ] Current age: \_\_\_\_\_

Obtained from: Shelter \_\_\_\_\_ Pet Store \_\_\_\_\_ Breeder \_\_\_\_\_

Other \_\_\_\_\_ Age obtained: \_\_\_\_\_

Have you attended training classes before? **Yes** [ ] **No** [ ] When: \_\_\_\_\_

Where: \_\_\_\_\_ Results: \_\_\_\_\_

Brand of food being fed: \_\_\_\_\_ Amount and frequency of feeding: \_\_\_\_\_

Medications: \_\_\_\_\_ Dosage and frequency: \_\_\_\_\_

List any other pets? \_\_\_\_\_

Vet's name: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Reason for appointment:** \_\_\_\_\_

**Other Information:**

Please answer as completely as possible. Your answers are very important! 😊

**What are your immediate goals for your dog:** \_\_\_\_\_

**Where is your dog kept?** (Circle all that apply)

Loose in the house    Crated in the house    Tied outside    Fenced yard    Dog kennel

Other: \_\_\_\_\_

**Has your dog ever bitten anybody?**

Yes [ ]

No [ ]

If **yes**, please explain, where, when, what happened and how often: \_\_\_\_\_

**Has your dog ever been in a fight with another dog?**

Yes [ ]

No [ ]

If **yes**, please explain when, what happened, how often, what were the circumstances: \_\_\_\_\_

**Do you allow your dog to sleep on your bed or furniture?**

Yes [ ]

No [ ]

**How does your dog react to:**

Men: \_\_\_\_\_

Horses: \_\_\_\_\_

Women: \_\_\_\_\_

Cats \_\_\_\_\_

Children: \_\_\_\_\_

Puppies: \_\_\_\_\_

Crowds: \_\_\_\_\_

**ADULT** dogs: \_\_\_\_\_

Strangers: \_\_\_\_\_

**What things upset your dog?** \_\_\_\_\_

**How does your dog react to:** Riding in a car: \_\_\_\_\_ Being left alone: \_\_\_\_\_

**How would you describe your dog's personality?** (circle all that apply)

Shy Jealous Playful Annoying Finicky Happy Friendly Dominant Submissive  
Hyperactive Nervous Loud Calm Indifferent Fearful Territorial Bored Aggressive  
Dependent Extroverted

**What bad habits does your dog have?** (circle all that apply)

Begs Wets Growls Jumps up Barks/Howls Chases things Chews Digs Bites

Runs away Gets into trash Other: \_\_\_\_\_

**What commands does your dog respond to?** (circle all that apply)

Come Sit Fetch Wait Down Stay Up/Jump Don't jump Stop it Off Give

Stand OK Enough Heel Drop it Take it Leave it Let's go Quiet Other: \_\_\_\_\_

**How often will your dog come when called:**    100%    75%    50%    25%    0%

List activities enjoyed by you and your dog: \_\_\_\_\_