

NVDTTC Student Information

Your input helps us better understand how we can best help YOU and YOUR DOG.

Your Name: _____ Dog's Name: _____
Dog's Age: _____ Sex: m f intact altered Breed: _____

How long have you owned your dog? _____ Where did you get your dog? _____

How old was your dog when you brought it home? _____

How many other dogs have you owned? _____

How many and what type of other pets do you currently have? _____

How many adults in your household? _____ How many children? _____

(Please include their ages)

Are there any concerns about your or another family member's relationship with this dog?

Does your dog have any physical limitations / medical problems? Yes No If yes, please explain:

Approximately what % of each day is your dog: Inside: _____ Outside: _____ Alone: _____

How many minutes per day do you: Walk your dog on leash: _____ Play / Cuddle with your dog: _____

Where do you take your dog for exercise and/or socialization? (IE: daily walk, dog-friendly park, pet supply store, etc.)

How does your dog act with other dogs she / he does not know? _____

How does your dog react to strangers? _____

Has your dog ever been in a dog fight &/or bitten a person or another dog? Yes No

If yes, please explain: _____

Have you attended training classes before with this dog? Yes No If yes, when and where:

What do you want to accomplish from THIS training class?

What are your long term goals for your dog? What activities would you like to do with your dog?

(IE. Having the perfect companion dog, Obedience / Rally, Tracking, Agility, Freestyle / Dog Dancing, Animal-Assisted Therapy)

What do you like BEST about your dog? _____

What do you find the most CHALLENGING about your dog? _____

Include any questions, concerns or additional details about you and/or your dog on the reverse side.