



**Behavioral Questions**

1. Do you walk / exercise your dog regularly away from it's normal environment?  
\_\_\_\_\_
2. How often and for how long does your pet get exercise? \_\_\_\_\_
3. Have you in the past, or are you currently experiencing any behavioral problems?  
\_\_\_\_\_
4. Have you attended any training classes? \_\_\_\_\_
5. If yes, were you pleased with the results? Why or Why not?  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your dog show aggression toward other dogs, other animals, people, or children?  
\_\_\_\_\_
7. How do you correct or manage these types of behaviors?  
\_\_\_\_\_  
\_\_\_\_\_
8. Is your puppy / dog potty trained? \_\_\_\_\_ Crate Trained? \_\_\_\_\_
9. Please present a brief list of house rules for your dog. What rules would you like to establish, but have been unsuccessful at enforcing?  
\_\_\_\_\_  
\_\_\_\_\_

**Diet related Questions**

1. What are you currently feeding your dog? \_\_\_\_\_
2. How much in cups or ounces do you feed per serving? \_\_\_\_\_
3. How many times a day do you feed your pet? \_\_\_\_\_
4. Is food left down all day? \_\_\_\_\_
5. Has your dog experienced any abnormalities in stool consistency or color? \_\_\_\_\_
6. Does your dog vomit, cough, scratch, chew, or dig excessively \_\_\_\_\_
7. Is your dog on any vet prescribed medications or special diet formulas? \_\_\_\_\_
8. Are you open to learning more about healthy feeding practice? \_\_\_\_\_

Please identify the topics you are most interested in learning more about?

- |   |   |
|---|---|
| <input type="checkbox"/> Breed Selection  | <input type="checkbox"/> Preparing to bring your pet home   |
| <input type="checkbox"/> Importance of Socialization                              | <input type="checkbox"/> Establishing Rank Structure        |
| <input type="checkbox"/> Dog food " From Kibble to Raw"<br>Which is best and why? | <input type="checkbox"/> Pet Food and Politics              |
| <input type="checkbox"/> Diet & Nutrition (Advanced Session)                      | <input type="checkbox"/> Dealing with Challenging Behaviors |
| <input type="checkbox"/> House & Crate Training                                   | <input type="checkbox"/> Kids and Pets                      |
|   | <input type="checkbox"/> Other _____                        |



# Registration Form

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

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

Telephone: \_\_\_\_\_

(Cell): \_\_\_\_\_

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

\* What is the best way to reach you and when?

\_\_\_\_\_

| <u>Dog's Name:</u> | <u>Breed Type</u> | <u>Age: M / F</u> | <u>Health Concerns / Behavioral Issues</u> |
|--------------------|-------------------|-------------------|--|
| 1. _____           | _____             | _____             | _____                                      |
| 2. _____           | _____             | _____             | _____                                      |
| 3. _____           | _____             | _____             | _____                                      |
| 4. _____           | _____             | _____             | _____                                      |

Date of Most Recent Rabies Vaccine: \_\_\_\_\_

What type of diet do you feed: Check all that apply

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Commercial Store Bought Kibble | <input type="checkbox"/> Higher End Kibble | <input type="checkbox"/> Cooked Diet |
| <input type="checkbox"/> Canned Wet Food                | <input type="checkbox"/> Freeze Dried      | <input type="checkbox"/> Raw         |
| <input type="checkbox"/> Table Scraps                   | <input type="checkbox"/> Supplements _____ |                                      |