



# Pet Works Professional Pet Training

716-810-DOGS (3647) Email [petworksbuffalo@roadrunner.com](mailto:petworksbuffalo@roadrunner.com),  
Website [www.PetWorksBuffalo.com](http://www.PetWorksBuffalo.com)

## Human Information

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Family Members: \_\_\_\_\_ Age: \_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_  
 (please include self) \_\_\_\_\_ Age: \_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_  
 Does anyone in your family have any disabilities/limitations we should be aware of?  
 \_\_\_\_\_

## Canine Information

Dog's Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Male / Female / Spayed / Neutered  
 Age at Class time: \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_ Rescue? Y/N  
 1. Has your dog ever bitten a person or other dog aggressively? Yes No *If you circled "yes", please explain*  
 \_\_\_\_\_  
 2. Circle the word(s) that best describe your dog's personality:  
 Fearful Shy Aloof Even-Tempered Devoted Confident Active Pushy Aggressive  
*If you circled "aggressive", please explain* \_\_\_\_\_  
 3. How does your dog react to other dogs? ignores friendly too playful growls snaps doesn't like  
 4. How does your dog react to strangers? ignores friendly too playful growls snaps doesn't like  
 5. Does your dog have any physical limitations that may affect his/her training?  
 \_\_\_\_\_  
 6. What do you like best about your dog? \_\_\_\_\_

## Other Information

Have you ever owned a dog before? (Please give details) \_\_\_\_\_  
 Have you ever attended a dog training course before? \_\_\_\_\_ With this dog? \_\_\_\_\_  
 When? \_\_\_\_\_ What Kind? \_\_\_\_\_ Where? \_\_\_\_\_  
 What kind of training has this dog had? \_\_\_\_\_  
 Please circle the tasks your dog can do already: sit down come leave-it off walk nicely on leash stay- *how long?* \_\_\_\_\_  
 Please state any problems that may have brought you to class \_\_\_\_\_  
 \_\_\_\_\_

What do you hope to accomplish in this training class? (Please state at least three goals)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have any future goals for your dog (*agility, conformation, tracking, etc.*)? \_\_\_\_\_

## Medical Information

Name of Veterinarian: \_\_\_\_\_ Vet Clinic: \_\_\_\_\_  
 When was your dog's last visit? \_\_\_\_\_ What procedures/tests were done? \_\_\_\_\_

**You MUST show proof of the vaccinations or titer proof of adequate protection listed on this page- your dog will not be admitted to class until proof for all vaccinations is provided to the instructor. Please make sure your dog is free of parasites and fleas.**

	Date Given	Date Due	Ckd
<b>DHPP:</b> Distemper, Hepatitis, Parvovirus, Parainfluenza.	_____	_____	<input type="checkbox"/>
<b>Rabies:</b> Proof of vaccination required- titer proof not accepted.	_____	_____	<input type="checkbox"/>