

Paws Unleashed Winnipeg Ltd.

(204) 955-0011

BEHAVIORAL COUNSELING REGISTRATION FORM

I am registering my dog for _____

Please fill out this form carefully and thoroughly. The information you provide will serve as the **essential** basis of the counseling goals. Use the back of this form or extra pages if necessary. Thank you!

Please PRINT. Thank you!

Telephone Home: (____) _____

Owner Name: _____ Telephone Work: (____) _____

Address: _____ Telephone Other: (____) _____

City: _____ Prov _____ Postal Code _____

E-mail: _____

Persons handling dog at home: _____

If Minor(s), Name of Minor: _____ Age of Minor: _____ Years

If Minor(s), Name of Minor: _____ Age of Minor: _____ Years

*(Handlers 15 years of age and younger **must** have an adult attending Consult to assist minor. Thank you!)*

Dog's Name: _____ Dog's Breed/Cross/Mix: _____

Dog's Gender: M F Dog's Age: _____ How old was your dog when you acquired it? _____

Dog's Current Weight: _____ Dog's Date of Birth: _____

Has your dog had other owners? (Please specify): _____

Where did you acquire your dog? (Breeder, pet shop, Breed Rescue, shelter, etc.): _____

If known: how many littermates did your dog have? # _____ # Males: _____ # Females: _____

How many dogs or puppies did you have to choose from? _____

Why did you choose this particular dog over others? Please be specific: _____

Do you have any news or littermate behavior? Y N If yes, please specify: _____

Is your dog spayed or neutered? Y N If yes, at which age was your dog spayed/neutered? _____

Why was your dog spayed/neutered? _____

What behavioral changes were there after spaying/neutering? _____

If you have an intact female, when was her first heat? _____ When was her latest heat? _____

What behavioral changes were there while she was in heat? _____

If you have a male, does he mark with urine (leg lifting)? Y N If yes, at which age did he begin? _____

Where does he mark? _____

Are there other animals in the home? If yes, please specify species, gender, and age: _____

Have you moved since you acquired your dog? Y N If yes, number of times: _____

Did your dog have behavioral changes upon each move? Y N If yes, please describe: _____

Is your dog (please check all that apply):
____ Allowed to run free in the home supervised. ____ Allowed to run free in the home unsupervised.
____ Allowed to run free in the home supervised. ____ Allowed to run in a fenced yard unsupervised.
____ Allowed to run in a fenced yard supervised. ____ Leash walked.
____ Outside unleashed, supervised. ____ Other (Please specify): _____

Please circle your dog's general activity level: very low low average high very high excessive

Has your dog ever been boarded? Y N If yes, where and how long? _____

Did your dog have behavioral changes upon returning home? Y N If yes, please describe: _____

Is your dog sensitive about any body part? (i.e. tail touched, paws touched, etc.): Y N If yes, please describe: _____

Is your dog possessive of food? Y N If yes, please describe: _____

Is your dog possessive of toys? Y N If yes, please describe: _____

Has your dog bitten another dog? Y N # of punctures: ____ # of stitches: ____ # of vet visits: _____

Which body parts were bitten? Please describe in detail: _____

Has your dog bitten a human? Y N # of punctures: ____ # of stitches: ____ # of medical attention visits: _____

Which body parts were bitten? Please describe in detail: _____

Does your dog play off-leash with other dogs? Y N If yes, please describe: _____

Collars used by you (please check all that apply):
____ Martingale/Greyhound/Premier-style Collar
____ Buckle Collar, Nylon or Leather
____ Prong/Pinch Collar
____ Chain Training Collar
____ Body Harness (Specify brand): _____
____ Head Harness (Circle: Gentle Leader, Halti, Snoot Loop)
____ Other (Please specify): _____

How do you discipline/correct your dog for misbehavior? Please be Specific. _____

What is your dog's training history? (Please check all that apply):

____ No training
____ Trained yourself
____ Sent-to-Trainer trained
____ Puppy Class
____ Manners Class
____ Basic Obedience Class
____ Beyond Basic Obedience
____ Clicker trained
____ Agility
____ Other (Please specify) _____
(E.g.: herding, protection, hunting, Schutzhund, etc.)

Where did you go for training classes? _____

What are the methods you have used for training? _____

How old was your dog when training started? _____ Who is the primary trainer? _____

Which cues/commands does your dog know, and how well? (P/Perfect, OK, NW/Needs Work):

____ Sit
____ Down
____ Stay
____ Heel
____ Come
____ Fetch
____ Shake paw
____ Play dead
____ Other (Please specify): _____

What is your dog's response to visitors to the home? Please explain in detail: _____

Where is your dog when you receive familiar guests? _____

Where is your dog when you receive unfamiliar visitors (salespersons, handymen, plumbers, etc.): _____

Describe your routine when leaving your dog for the day:

How does your dog behave while you are leaving home? _____

Describe your routine when returning home:

How does your dog behave when you return home? _____

Specify brand of dog food fed: _____ Cups per day: _____ Divided into (#) _____ meals.

Your dog's food is: ___ available 24 hours/free fed

___ put down at specific meal times: Time: ___ Time: ___ Time: ___ Time: ___ Time: ___

___ other (Please describe): _____

When do you eat? Before you feed your dog: _____ After: _____

When do the children eat? Before _____ After: _____

Is your dog allowed in the room while you eat? _____

Do you feed table scraps? _____

Does your dog receive supplements? (Please specify): _____

Who feeds your dog? _____ Where does your dog eat? _____

Describe eating habits (e.g. picky, voracious, gulping, etc.): _____

When your dog eats dog food out of its food bowl, what would happen if

You approached your dog? _____

You reached for the bowl? _____

You picked up the bowl? _____

Does your dog get treats? Y N If yes, type and brand: _____

How often per day? _____ Who gives your dog treats? _____

When your dog eats its treats, what would happen if

You approached your dog? _____

You reached for the treat? _____

You picked up the treat? _____

How is your dog exercised? How often per week (minutes per day/average)? _____

Who exercises the dog? _____

Where does your dog sleep at night? _____

Is your dog crate trained? Y N (Please check all that apply):

___ Plastic Airline-type crate ___ Metal mesh type crate ___ Ex-pen ___ Dog run (Circle) Indoors Outdoors

Does your dog seek out its crate/bed on its own:

During the day: ___ never ___ rarely ___ occasionally ___ often ___ always

During the night: ___ never ___ rarely ___ occasionally ___ often ___ always

Have there been changes in your dog's sleeping habits? more less same If yes, please specify: _____

Is your dog housetrained? Y N

If no, please describe the occasions/locations your dog eliminates in the house:

Urine: _____

Feces: _____

Does your dog ever have 'accidents'? Please describe: _____

Does your dog exhibit fear, phobias, or other unusual behavior? (Thunderstorms, shadows, reflected lights, etc.):

Y N If yes, please specify: _____

What makes your dog uncomfortable? Please explain in detail: _____

Do you or your dog have any pre-existing condition that may have an impact on training? (E.g. hearing loss): Y N If yes, please describe: _____

Does your dog have any previous or current medical conditions? Y N If yes, please specify: _____

Is your dog currently taking medications? Y N If yes, please specify: _____

Is your dog on heart worm preventative? Y N Please specify: _____

Date of last Rabies Vaccine: _____ Please specify: 1-Year Vaccine 3-Year Vaccine

Are there any specific issues you wish to address? How much of a problem do you consider these behaviors to be?

Issue: Very Serious Serious Not Serious. Is this the same better worse than before?

a) _____

b) _____

c) _____

Issue a): when did this become a concern? _____

Issue b): when did this become a concern? _____

Issue c): when did this become a concern? _____

What have you done so far to correct the problem?

Issue a): _____

Issue b): _____

Issue c): _____

What toys do you provide for your dog? _____

What is your dog's favorite toy? _____

What is your dog's favorite treat? _____

Where is your dog's favorite place to be touched? _____

Where in the home is your dog's favorite place to be? _____

What does your dog do there? (E.g. sleep, watch birds etc.): _____

Please describe a typical week in your dog's life from waking in the morning to going to bed at night:

Does this change on weekends

Is there anything else you may consider relevant? Y N If yes, please specify: _____

What do you wish to accomplish in this Consultation? _____

How did you hear of this Consultation opportunity? _____

Veterinarian's Clinic: _____

Name of Veterinarian: _____ Clinic's Telephone Number: (____) _____

Clinic's Address: _____ City: _____ PC _____

Hereby give permission Paws Unleashed Winnipeg Ltd. to phone my Veterinarian's clinic to verify my dog's vaccination status (D H L L P - C, Rabies, Titters) (Please Initial): _____

I hereby give permission to Paws Unleashed Winnipeg Ltd. to discuss, if necessary, my dog's behavior with my Veterinarian. (Please Initial): _____

Trainer reserves the right to refuse training any dog that is obviously sick or overtly aggressive. Trainer cannot guarantee each individual dog's ability to learn and/or understand signals, commands, or cues. Trainer reserves the option to refer aggressing dogs to other professionals in the field of Dog Training and Behavior.

Liability Release:

Owner agrees that Paws Unleashed Winnipeg Ltd. and any referring organization and or other participants will not be liable for any damage or loss resulting from failure of the dog to respond to any signals, commands, or cues taught to the dog by Paws Unleashed Winnipeg Ltd. or resulting from counseling, instruction, or advice supplied to owner of dog.

Dog's behavior now and in the future is solely the responsibility of the owner of the dog. Should any behavior on the dog's part now or in the future result in damage to property, owner, or persons of some third party, owner agrees to assume full responsibility and liability to such third party for any and all such damage, and to absolve Paws Unleashed Winnipeg Ltd. and any referring organization and or other participants from any and all obligations to pay such damage to some third party.

All dogs are trained or otherwise handled or cared for by Paws Unleashed Winnipeg Ltd. and any referring organization and other participants without any liability whatsoever on Paws Unleashed Winnipeg Ltd. and any referring organization and or other participants for loss or damage from disease, death, running away, theft, fire, injury to persons, other dogs, other animals, or property by said dog, or other unavoidable causes. Adults are responsible for their minors.

Refund policy: No refunds given unless Paws Unleashed Winnipeg Ltd. permanently cancels classes and or lessons. No refund if owner misses or drops out of classes and or lessons. No pro-rates given for missed classes and or lessons. This can be discussed at the discretion of Paws Unleashed Winnipeg Ltd..

I have read the above contract and liability release and agree to all terms and conditions:

Signature of Owner: _____ **Date:** _____

I impress upon you the importance to have all adults and minors with the ability to participate in the training in the family who have regular or constant contact with your dog present at the Consult.

We look forward to playing a part in the education of your dog. Thank you!