

DOG TRAINING HISTORY FORM

DOG’S NAME: DATE:

Dog’s Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Spayed/Neutered (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Dog was Acquired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Behavior Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Alternative Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Veterinarian and Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Concerns? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do I have permission to contact your vet if necessary? ☐ Yes ☐ No



BASIC HISTORY



What is your previous experience with dogs (growing up, other dogs owned, or other relevant experience)?

What do you know about your dog’s history?



 Is your dog house-trained? If so, how was he house-trained?

 What are your dog’s favorite activities (walks, playing with toys, chewing, etc.)?

 What are your dog’s favorite things to eat? How often does he get these?



TRAINING HISTORY

 Have you ever attended training classes or had other training for your dog? Please describe this and when the training took place.

What behaviors does your dog know?



☐ Sit ☐ Touch

☐ Down ☐ Paw

☐ Stay ☐ Drop it

☐ Come ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Look

 Of these behaviors, which ones does he respond to reliably, no matter where you are? Please describe.

 When your dog misbehaves, how do you respond?

 How do you reward your dog when he has done something well?



BEHAVIOR HISTORY

 How does your dog respond to new people, places, other dogs, or objects he encounters?

 Is there any situation that causes your dog stress or that he does not enjoy? Please describe how you know he doesn’t enjoy the situation or is stressed.

 What behavior(s) has your dog exhibited that you are concerned about? Please describe in detail including what the behavior looks like, when it occurs, where it occurs, and how often it occurs.

 What have you already tried to stop or minimize this (these) behavior(s)?



 Is there anything else you’d like to share about your dog?

 Is there anybody else not living in the home that your dog interacts with on a regular basis?

 Who lives in the home? Please include names and ages (other pets too).

 What is your dog’s daily routine like? Please include times and duration of any exercise or play, when he’s fed and how much, and how often and for how long he’s alone each day.

HOME LIFE

CAMP BOW WOW® [SITE NAME HERE]

[555-555-5555] • campbowwow.com/[site-name-here]

[TRAINER NAME]

[444-444-4444] • [your.name]@campbowwow.com