

Behaviour Profile Form
The Lake Veterinary Hospitals
49459677 & 49436066

YOU AND YOUR FAMILY:

Your Name(s):

Address:.....

Home Telephone: Mobile:

Email:.....

Have you attended formal dog training with any dog before? Yes
No

If "yes", how long ago: *Within last 12 months* *Less than 5 years* *Over 5 years*

If "yes", which dog: *This dog* *Another dog*

If "yes", what type: *Correction (choker chain)* *Positive Reward Based*
 Combination

Do you have any medical conditions that may impact on training? (eg mobility, sight or hearing conditions)

.....
.....

How many people live at your home? *Children* *Teenagers* *Adults*

What age children do you have at home? *0-5* *5-10* *10-14* *14-18*

Which of the following best describes the property you and your dog live on?

Flat/unit *House and average yard* *Other*.....

YOUR DOG:

Dog's Name: Breed:

Age: wks/mths/yrs Sex: M / F Desexed: Yes
 No

Colour(s)/identifying marks:

Approx height:..... Approx weight: Last vaccination date:.....

Age of dog when obtained:.....wks/mths/yrs No. of litter mates (if known):

Obtained from where: *pet shop* *RSPCA/shelter* *breeder*
other (eg friend)

Is this your first dog? Yes No Is this your only dog? Yes
No

Have you lived with this breed before? Yes No

If you have other dogs, what breed, age and sex are they?

.....

Which of the following equipment have you used with this dog?

Standard collar and lead *Check/choker/slip collar* *Head halter*

Back attach harness *Front attach harness* *Martingale/limited slip collar*

Citronella collar *Electronic collar* *Invisible fence* *Remote*
Prong collar

Please tick (✓) the methods you currently use when interacting with your dog:

Method	Often	Occasionally	Rarely	Never
Treats or toys				
Praise or petting				
Verbal punishment				
Physical punishment				
Cues/signals to ask for behaviours				
Lures/targets to teach behaviours				
Push the dog into position (eg for sit, lie down)				
Chat to your dog a lot				
Play roughly				
Reassure when your dog is nervous				

Please tick (✓) the square which best indicates how often your dog performs the following behaviours at home (H) and away from home (A):

<i>Behaviour</i>	<i>Usually</i>		<i>Occasionally</i>		<i>Rarely</i>		<i>Never</i>	
	<i>H</i>	<i>A</i>	<i>H</i>	<i>A</i>	<i>H</i>	<i>A</i>	<i>H</i>	<i>A</i>
Accepts friendly strangers approaching								
Sits politely to greet friendly strangers								
Plays with other dogs when off lead								
Tolerates other dogs when on lead								
Settles quickly when asked								
Responds to name								
Looks at you when asked								
Sits when asked								
Lies down when asked								
Stands when asked								
Goes to bed when asked								
Comes when called								
Stays in position for about 10 seconds								
Leaves low level distractions when asked								
Walks on a loose lead most of the time								
Heels/walk close for about 5 steps								

Does your dog have any medical conditions? Yes No

If 'Yes', please describe the condition(s):.....

Who is your usual veterinarian:.....

When you are home, is your dog usually: *only outside* *only inside*
some of both

When he is left alone, is he: *only outside* *only inside* *some of both*

Has your dog ever growled at, lunged at, or bitten a **person**, other than normal puppy mouthing?

Yes No If "Yes", please describe the incident(s) and ask to talk with me about this:

.....
.....
.....

Has your dog ever growled at, lunged at, or bitten another **dog**? Yes
No

If "Yes", please describe the incident(s) and ask to talk with me about this:

.....
.....
.....

Tick any of the following that describe your dog:

- | | |
|--|--|
| Barks excessively <input type="checkbox"/> * | Chews/destroys things <input type="checkbox"/> * |
| Does not come when called <input type="checkbox"/> | Digs excessively <input type="checkbox"/> * |
| Toilet trained <input type="checkbox"/> | Likes retrieving <input type="checkbox"/> |
| Not house trained <input type="checkbox"/> * | Pulls on lead <input type="checkbox"/> |
| Chews his/her toys only <input type="checkbox"/> | Not toilet trained <input type="checkbox"/> * |
| Is calm in car <input type="checkbox"/> | Chases things <input type="checkbox"/> * |
| Won't let you take items from him/her <input type="checkbox"/> * | Sits in front seat of car <input type="checkbox"/> |
| | Ignores requests <input type="checkbox"/> |
| | Doesn't bark much <input type="checkbox"/> |
| | Unruly in car <input type="checkbox"/> * |
| | Enjoys games <input type="checkbox"/> |
| | Enjoys walks <input type="checkbox"/> |

If you ticked anything marked with an asterisk * please describe your dog's behaviour:

.....
.....
.....
.....

How does your dog interact with people?

Aggressive toward people * Becomes overexcited

Likes new people

Likes children

Likes to be with you a lot

Anxious when alone * Dislikes

children *

Plays too roughly

Jumps on people

Bites at hands, feet or clothes * Dislikes being handled *

Likes being handled

Suspicious/shy with strangers * Backs away from people *

Moves toward people

Dislikes people in hats, sunglasses, coats or other items of clothing *

If you ticked anything marked with an asterisk * please describe your dog's behaviour:

.....
.....
.....
.....

How does your dog interact with other dogs?

Aggressive toward other dogs * Barks at other dogs *

Likes other dogs

Worried about other dogs *

Growls at other dogs *

Plays too roughly

Lunges at other dogs *

Stares at other dogs *

Don't know

If you ticked anything marked with an asterisk * please describe your dog's behaviour and if the behaviour occurs when your dog is on or off leash. How often has your dog demonstrated these behaviours?

.....
.....
.....
.....

How do you feel just before you take your dog for a walk?

.....
.....

How does your dog interact with the environment?

Doesn't like water

Worried about sudden noises

Chases shadows

Worried about storms

Worried about wind

Chases reflections

Worried about traffic

Worried about bikes/skateboards

Chases pretend flies

If you ticked any of these please describe your dog's behaviour:

.....
.....
.....
.....

Which of the following best describes how you see your dog?

Pushy

Independent

Stubborn

Excess energy

Destructive

Timid/shy

Anxious

Confident

Likeable

Which of the following describes how you feel about your dog at the moment?

Frustrated

Annoyed

Confused

Resentful

Nervous

Proud

I love my dog

I like my dog

|

tolerate my dog

Which of your dog's behaviours would you **most** like to see improvement in? (eg not pulling on lead, not jumping on people, being less nervous, able to stay home alone etc)

.....
.....
.....
.....

Any other comments you think will help with training or that you feel I should know about?

.....
.....
.....

How did you find out about my training services?

Vet Clinic

Which clinic:

RSPCA/shelter

Internet site

Friend

Breeder

Other trainer

*Thank you for taking the time to complete this profile.
It will help us to provide training relevant to your needs.*

**AGREEMENT FROM CLIENTS GIVEN TO GOOD DOG MANNERS
AND THE LAKE VETERINARY HOSPITALS**

Some of the information in the 'Client Profile' may be used by the Instructor's Phoebe and by Delta Society Australia for statistical and research purposes. No client or dog will be identified by name if the information is used.

By signing this form you agree to the information in the profile being used for the purposes as outlined above.

Digital images and/or video footage of your dog and of yourself and anyone accompanying you, may be taken. This material may be used by the Instructor, or by Delta Society Australia, for educational and training purposes. You will not be identified by name if this material is used. There will be no reimbursement of any kind for the use of this material.

By signing this form you agree to digital images and/or video footage being used as outlined above.

Signature of owner or authorised guardian:

Name of owner or authorised guardian:

**WAIVER FROM CLIENTS GIVEN TO GOOD DOG MANNERS and
THE LAKE VETERINARY HOSPITALS**

Good Dog Manners aims to provide a safe environment for training, and to utilise minimal risk procedures during training. However, there is always an element of risk involved. As such, all clients are required to sign the following waiver before they can begin training with Phoebe.

"I understand that this training program is not without risk to myself, my dog, or any other human or animal. Some dogs to which exposure may occur may be difficult to control and may be the cause of injury even when handled with the utmost care and caution.

I hereby waive and release the Instructor and any assistants from any and all liability of any nature for any injury or damage which I, my dog, or any other human or animal may suffer, including specifically, but

without limitation, any injury or damage resulting from the actions of any dog, including my own.

I expressly assume the responsibility for my own dog and the risk of any such damage or injury while in attendance at any training session or other function conducted by the Instructor, or whilst on the training grounds, my own property, or other such property as training sessions may occur at from time to time.

I assume all responsibility resulting from the actions of my dog with respect to injury sustained by any other person or dog as a result of the actions of my dog.”

Signature of owner or authorised guardian:

Name of owner or authorised guardian:

Date: