

## IN BOARD TRAINING PROFILE FORM

**Please fill out this form and send it to:**

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Date \_\_\_\_\_ Owners Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Other Emergency Contact Number \_\_\_\_\_

The following people are authorized to pick up my dog from In Board Training \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dog's Breed \_\_\_\_\_ Dog's Birth Date: \_\_\_\_\_

Dog's Gender \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Plans to show dog? \_\_\_\_\_ What types of shows? \_\_\_\_\_

How old was this dog when you first acquired it? \_\_\_\_\_ Where did you get this dog from? \_\_\_\_\_

Are you the dog's sole owner? \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

Has the dog had previous owners? \_\_\_\_\_ Previous Owner's Name: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Vet's Phone Number \_\_\_\_\_

Tattoo or Microchip Number: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Any Special Medical Conditions or Considerations My Dog Has: \_\_\_\_\_

Flea & Tick Preventative: \_\_\_\_\_ Given last: \_\_\_\_\_ To Be Given: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Given last: \_\_\_\_\_ To Be Given: \_\_\_\_\_

Intestinal Worm Preventative: \_\_\_\_\_ Given last: \_\_\_\_\_ To Be Given: \_\_\_\_\_

Medications: \_\_\_\_\_ Given last: \_\_\_\_\_ To Be Given: \_\_\_\_\_

Medications: \_\_\_\_\_ Given last: \_\_\_\_\_ To Be Given: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your dog like to be brushed? \_\_\_\_\_ Nails clipped? \_\_\_\_\_

Does your dog like to be bathed? \_\_\_\_\_ Like to swim? \_\_\_\_\_

Is your dog sensitive about a particular body part being handled? (i.e. paws, tail, ears)

\_\_\_\_\_

Has your dog been evaluated for hip dysplasia? \_\_\_\_\_ What were the results? \_\_\_\_\_

Does your dog have any known orthopedic issues or physical limitations? \_\_\_\_\_

Number of times per day your dog urinates: \_\_\_\_\_ defecates: \_\_\_\_\_

Is your dog used to leash walks or a fenced yard? \_\_\_\_\_ # times / day? \_\_\_\_\_

Is your dog crate trained? \_\_\_\_\_ How well does your dog ride in the car? \_\_\_\_\_

**Brand of Food:** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Times Per Day** \_\_\_\_\_

**TRAINING GOALS FOR MY DOG ARE:** (please use blank sheet of paper or back of form for additional details)

1. Undesirable dog behaviors I would like to change: \_\_\_\_\_

\_\_\_\_\_

Things we have tried to solve the problems & how well they worked: \_\_\_\_\_

\_\_\_\_\_

2. New behaviors/training I would like my dog to learn: \_\_\_\_\_

\_\_\_\_\_

3. Commands my dog already knows well: \_\_\_\_\_

\_\_\_\_\_

4. Commands that need strengthening: \_\_\_\_\_

\_\_\_\_\_

5. Short-term goal(s) for my dog are: \_\_\_\_\_

\_\_\_\_\_

6. I would like to reach my short-term goals by: \_\_\_\_\_

7. Long-term goal(s) for my dog are: \_\_\_\_\_

\_\_\_\_\_

8. I would like to reach my long-term goals by: \_\_\_\_\_

\_\_\_\_\_

9. Treats my dog really likes: \_\_\_\_\_

10. Toys my dog really likes: \_\_\_\_\_

11. Activities my dog really likes: \_\_\_\_\_

12. Place my dog most loves to be petted: \_\_\_\_\_

13. Things my dog is afraid of: \_\_\_\_\_

\_\_\_\_\_

14. How does your dog behave around:

- People of all shapes and sizes?
- Other dogs of all shapes and sizes?
- Noises?
- New places?
- Cats?

15. Does your dog enjoy playing with other dogs? \_\_\_\_\_

16. How does your dog behave around people coming into your home or yard? \_\_\_\_\_

17. How does your dog behave around people or other dogs coming near food or toys? \_\_\_\_\_  
\_\_\_\_\_

18. Has your dog ever growled or snapped at a person? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

19. Has your dog ever growled or snapped at another dog? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

20. Has your dog ever bitten a person? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

21. Has your dog ever bitten another dog? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

22. Does your dog like to mouth or nip? \_\_\_\_\_

23. Does your dog like to jump up on people? \_\_\_\_\_

24. Does your dog like to bark at strangers? \_\_\_\_\_

25. Does your dog like to bark at other dogs? \_\_\_\_\_

26. Does your dog bark in the crate? \_\_\_\_\_

27. Does your dog have housetraining accidents? \_\_\_\_\_

28. Does your dog like to break free and run from you? \_\_\_\_\_

29. Is your dog allowed up on the furniture? \_\_\_\_\_ What type and when? \_\_\_\_\_

30. Has your dog ever shown signs of separation anxiety (severe stress) when you leave?  
\_\_\_\_\_

31. Does your dog like to chew on toys or bones? \_\_\_\_\_ What kind of toys or bones? \_\_\_\_\_

32. Has your dog ever ingested non-food items? \_\_\_\_\_ What kind of items? \_\_\_\_\_

33. Does your dog like to dig? \_\_\_\_\_ Has your dog ever dug out of a fenced yard or leaped a fence? \_\_\_\_\_

34. Is there any other behavior your dog does that we need to know about? \_\_\_\_\_