

RED STAR KENNEL TRAINING

Date _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone #: _____ Alt #: _____

Email Address: _____

Name of Dog: _____ Breed: _____

Age: _____ Weight: _____ Circle: Female Spayed Male Neutered

Any food allergies? _____

How many dogs in household? _____

Prior Training if any where and when? _____

Equipment used. _____

Goals: _____

Problems:

Any past injuries	N	Y	Do you have an electric fence	N	Y
House Breaking	N	Y	Dog Aggression	N	Y
Excessive Barking	N	Y	Separation Anxiety	N	Y
Pulls on leash	N	Y	Begs/Steals Food	N	Y
Food/Toy Possession	N	Y	Eats Rocks, Mulch, etc.	N	Y
Jumps on owner/people	N	Y	Destructive	N	Y
No Manners	N	Y	Digging	N	Y
Dominance	N	Y	Does your dog need crate training	N	Y

Any other Behavior Problems not listed: _____

Would you like your dog to be groomed? Circle if you would like any of the following services done during your dog's stay:

Bath, Brush & Nails

Bath & Brush

Nail Trim

Does your dog have any issues with Baths or Nail Trims?

N Y