



Behavior Information Sheet

Canine Curriculum Fax (816) 741-8266
Phone Number: 816-668-9502 or 913-568-8632

Owner _____ **Dog's Name** _____

What type of food do you feed your dog? _____ How much? _____

Circle all that apply

Behavior Problems

Aggression	Digging	Jumping	Other
Biting	Fearful	Playbiting	
Chewing	Furniture	Sep. Anx.	
Counters	Growling	Socialization	
Crate Soiling	Housebreaking	Trash	

Obedience

Autosit	Following	Place	Wait
Come	Heel	Sit	Other
Down	Leave It	Stay	

Barking _____ If so, at whom or when? _____

Chewing _____ on what? _____ (owner agrees to offer appropriate toys upon dogs return)

Do you catch your dog in the act? _____ If so, how do you react? _____

Housebreaking _____ How many accidents per day? _____ Do you catch your dog in the act? _____ If so, what do you do? _____

Do you prefer your dog to eliminate on grass or pads? (circle one)

Is your dog crate trained? _____ Does he or she eliminate in the crate? _____

How often? _____ when? _____ (if so your dog may need to stay longer than 28 days)

How long is your dog kept in the crate? _____ What type of crate? _____

(a plastic crate is needed when your dog returns home if he or she has a chewing or housebreaking problem)

Do you exercise your dog? _____ How? _____

What are your expectations of the program? _____

What are your main concerns or problems with your dog currently? _____

Do you understand the requirements and maintenance needed in order for the program to be successful? _____

Signature _____ Print _____ Date _____