

Please print this form, fill it out, then scan and [email](#) to the workshop instructor.

Tellington TTouch Training Animal Profile Form - Dogs

Workshop Information:

Date: _____ Location: _____

Owner/Guardian Information:

Name : _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Animal's Information:

Name: _____

Breed/Type: _____ Age: _____

Weight: _____ Sex: _____ Spayed/Neutered? _____

General:

Where did you get your animal (e.g. breeder, pet shop, shelter, friend, etc.)?

How long have had him/her?

What do you particularly like/love about your dog?

How would you describe your dog's personality? (e.g. eager to please, enthusiastic, nervous, temperamental, friendly, quiet, aloof, shy, timid etc.)

What do you know about your animal's life before he/she came to live with you?

How does your animal usually respond to people he/she doesn't know?

How does your animal usually respond to dogs he/she doesn't know?

How does your animal usually respond in unfamiliar situations or places?

What type of activities is your dog involved in? (e.g. agility, flyball, tracking, obedience etc.)

What kind of training has your dog had? Did you do the training or did someone else?

Living Environment:

Describe your animal's living environment (housing, companions etc.)

How much exercise does your dog get?

Does your dog spend time playing with other dogs?

How much time does your dog spend alone and where does he/she spend that time?

Behaviors:

Does your dog have some behavior that you wish was different? (e.g. growling, barking, lunging, biting, chewing (on what?), digging, jumping up, pulling, licking, running away, inappropriate urination, separation anxiety, hyperactivity, reactivity to cats, vehicles/machinery etc.)

What does he/she do, and when? (please be as clear as possible about circumstances under which your animal exhibits the behavior)

What bothers you the most?

What have you done, if anything, to change the behavior? Has it helped?

Are you usually comfortable about handling your dog in all circumstances? (please clarify)

Fears:

What fears does your dog have, if any? (e.g. loud noises, new environment, veterinarian, thunder storms, slippery surfaces, grooming, nail clipping, strangers, bicycles, skateboards, etc.)

How does your dog demonstrate his/her fear?(please be as specific as possible about the observed behaviors and reactions)

What have you done, if anything, to change these fears? Has it helped?

How do you usually deal with your dog's fears?

Health:

Please describe your dog's health and any health concerns you may have: (e.g. aging, arthritis (where?), car sickness, dysplasia, stress, allergies (symptoms?), disease, injury or surgery (when and what?))

Please list vaccination history, if applicable (can be important in understanding some health or behavioral changes)

Is your animal currently under the care of a veterinarian? What for? Is he/she on any medication?

Other comments:

What are your goals for bringing your dog to this training?

Other comments or items of note:

Signature:

(Owner) _____