

Canine University

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Today's Date: _____ Dog's Call Name: _____ Breed(s): _____

Age: _____ Date Acquired Dog: _____ Age at Acquisition: _____ Sex: _____ Altered? _____

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Referred to training by: _____

Veterinarian: _____ Phone: _____ Vacc. Current: _____

List the health history of your dog: _____

Is your dog on any medication? If so, what and why? _____

Where did you get your dog? _____

Type of Collar and Leash used: _____

Dog's Diet: _____

Dog's Daily routine: _____

What other training has your dog had? _____

Has your dog ever shown any signs of aggression toward people or other animals? If so, please describe: _____

Has your dog ever shown any signs of fears? If so, please describe: _____

Where is your dog kept? In House Loose In House Crated In Fenced Yard In Dog Kennel
 Tied Outside Invisible Fencing Other: _____

How does your dog react to: Men _____ Women _____ Cars _____ Strangers _____ Cats _____
Kids _____ Crowds _____ Trucks _____ Other Dogs _____ Loud Noises _____

What things upset your dog? _____

How is your dog riding in the car? _____

How does your dog react to being left alone? _____

What type of exercise does your dog get? _____