

# Paws Puppy Palace Training Application

## -Parent Information-

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (City, State, Zip):

\_\_\_\_\_

Email: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

## -Emergency Contact Info-

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## -Dog Information-

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_

Size of Dog: (Please Circle One)

Teeny (1-9 lbs.)      Small (10-25 lbs.)

Medium (26-50 lbs.)      Large (51-75 lbs.)

Extra Large (75+ lbs.)

Male/ Female (Circle)

Spayed/Neutered? (Circle)

Yes      No

Allowed to have treats? (Circle)

Yes      No

## **-Temperament Questions-**

**Please circle your answers so we know the best way to service your dog.**

Has your dog ever been to a groomer before?	Yes	No
Does your dog display nervous or aggressive behavior towards strangers?	Yes	No
Does your dog display nervous or aggressive behavior towards other dogs?	Yes	No
Does your dog bite?	Yes	No
Does your dog have separation anxiety?	Yes	No
Does your dog dig excessively?	Yes	No
Does your dog bark excessively?	Yes	No
Is your dog food/water possessive?	Yes	No
Does your dog jump frequently?	Yes	No
Excessive marking or mounting?	Yes	No
Has your dog ever had a negative experience with a previous trainer?	Yes	No

If yes, please explain : \_\_\_\_\_

## **-Training Information-**

Which course(s) are you interested in (circle)

Puppy Course      Basic Obedience      Off-Leash Obedience

What are your dog's main training issues? (circle all that apply)

Potty Training      Nipping/chewing      Jumping

Recall      Leash pulling      sit/stay, down/stay      separation anxiety

Resource guarding      shy/ nervous      dog or people reactive/aggressive

What do you hope to accomplish during training?

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**-Vet Information-**

Company Name: \_\_\_\_\_ Vet Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**-Medical Information-**

**Please list any allergies medications or medical concerns we should be aware of during your dog's training.**

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