



Trainer: _____

Date: _____

Drop Off: _____

Pick Up: _____

Stowe Farm Behavior Evaluation Form

Name: _____ Vet Clinic _____

Street Address _____

City & State _____ Zip _____ Cell _____

Email _____ Alternate Phone _____

Referral Source _____

<u>DOG'S NAME</u>	<u>BREED</u>	<u>SEX</u>	<u>WEIGHT</u>	<u>AGE</u>	<u>COLOR</u>
_____	_____	_____	_____	_____	_____

Spayed/Neutered? **Yes or No** If yes, at what age? _____ If no, explain _____

For what purpose was this dog obtained? _____

Where was the dog obtained? _____ Age when obtained _____

Breeder's info, if applicable _____

Behavior of parents and/or littermates, if known _____

Current or past medical problems or injuries _____

Current medications _____

Other Household Pets

<u>Species/Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>
_____	_____	___ No ___ Yes	_____
_____	_____	___ No ___ Yes	_____
_____	_____	___ No ___ Yes	_____

Members of Household

<u>Name/Relation/Age</u>	<u>Name/Relation/Age</u>
_____	_____
_____	_____
_____	_____

Training history, if any _____

Food Motivation: None 1 2 3 4 5 Obsessive Toy Motivation: None 1 2 3 4 5 Obsessive

How many times a day is the dog fed? _____ How much is the dog fed? _____



Trainer: _____

Date: _____

Drop Off: _____

Pick Up: _____

What type of food is fed? _____

Describe primary feeders routine _____

Is the dog crate trained? **Yes or No**

Describe issues surrounding crate training _____

Allowed to run free in house? **Yes or No Supervised Only / Unsupervised**

Allowed to run free in yard? **Yes or No Supervised Only / Unsupervised** Type of fence _____

Allowed on furniture **Yes or No** Comments _____

Describe walking on a leash _____

Do you own a treadmill? **Yes or No**

Does your dog obsessively:

___ Bark ___ Dig ___ Jump ___ Chew ___ Mouth ___ Chase their tail

If so, explain _____

Is your dog possessive of or ever growled/snapped over food, toys or other objects? **Yes or No**

If yes, explain _____

How does your dog react when strangers approach your home, yard, or out in public? _____

How does your dog react to other animals (dogs, cats, birds, squirrels, etc.)? _____

Does your dog play off leash with other dogs? **Yes or No**

Describe _____

Is your dog startled or scared of loud noises (thunderstorms, fireworks, loud trucks, etc.)? **Yes or No**

Describe _____

Has your dog ever growled at someone? **Yes or No**

If yes, explain _____

Has your dog ever bitten someone? **Yes or No**

If yes, explain _____

Trainer: _____

Date: _____



Drop Off: _____

Pick Up: _____

Is your dog sensitive to any parts of his/her body being touched (ears, mouth, nails, etc.)? **Yes or No**
If yes, explain _____

Notes/Challenges/Goals:

Stowe Farm



Professional Dog Training