

Please complete this form and return it to The Calm Companion via email, thecalmcompanion@gmail.com , or you may bring it by our office. __



If you are registering more than one dog, please complete a separate form for each dog.

All dogs must remain on leash at all times! No flexi lead leashes allowed.

Date: _____

Owner: _____ Phone#: _____

Address: _____

Email: _____

Dog's Name: _____ M/F

Breed(s) of your dog: _____ DOB (approx.) _____

Dog's weight (approx.): _____ Is your dog neutered or spayed: Yes / No

What side of your body do you prefer to walk your dog on? Left / Right

Where did you get your dog? _____

How long have you had them? _____

Do you feed your dog at specific times or do you free feed? _____

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

When does your dog receive food outside of mealtime (treats, human food, etc.)? _____

What is your veterinarian's name and phone number: _____

Is your dog on any medications: Yes / No

If so, please provide the type of medication, **the dosage (mg)**, and the schedule:

We require the following vaccinations to be current, or up to date, before any dogs come to our facility: Bordetella, Rabies, and DHLPP. Please write the **expiration dates** for those vaccinations, as well as provide a copy from your Vet for us to keep on file. **Any dog not current on these 3 vaccinations upon arriving at our facility will result in the dog being turned away for its reservation. Even if only 1 vaccination is missing or not current.**

Bordetella: _____ DHLPP: _____ Rabies: _____

This is for the health and safety of our staff and other dogs at the facility and is something that we must take very seriously. Thank you for understanding and keeping your dog current on vaccinations!

Please tell us the species/name/age/sex of other animals that live in your home, if any: _____

Does your dog interact well with other pets? If no, please give an explanation of any relationship problems between your dog and other pets:

What type of living condition are you and your dog currently in? Please check one.

- Multi-Level House Ranch House
- Apartment Loft Townhouse
- Other: _____

List ages of children regularly interacting with the dog: _____

Does your dog interact well with them?: _____

Does your dog sleep in your room?: Yes / No In your bed? Yes / No

Do you have a yard? Yes / No

Is your yard fenced in? Yes / No / NA

Do you have an invisible fence? Yes / No / NA

Does your dog jump fences? Yes / No

Does your dog tolerate being crated? Yes / No

Part of training includes teaching your dog to enjoy his or her own space for “quiet time” in their crate. Is there anything you would like us to know about your dog’s present reaction to being crated?:

Has your dog ever chewed or eaten his bedding while in a crate? Yes / No

Has your dog ever boarded anywhere? Yes, _____ No

Have you ever pursued other professional training for your dog? If yes, what sort of training, and where?

Have you utilized any training tools for your dog (pinch collar, slip lead, etc.)? If so, what type?

Is the entire family committed to following through with the work that goes into training? Yes / No

Please circle any of the problems you are having with your dog and provide any additional information you feel we should know:

- **Is not housebroken:** _____
- **Is overactive and doesn't settle down easily:** _____
- **Mounts people or objects:** _____
- **Urinates when excited/afraid:** _____
- **Jumps on people:** _____
- **Is aggressive towards dogs:** _____

- **Growls at family members or new people:** _____

- **Is a nuisance barker or whiner:** _____

- **Is Mouthy:** _____

- **Chews destructively: Explain what, when, and why:** _____

- **Does not come when called or does not accept new commands:** _____

- **Bolts through open doors:** _____

- **Guards toys, food, objects, etc.:** _____
- **Guards space:** _____

Is shy: If so, towards what?:

- **Stresses easily/separation anxiety:** _____
- **Pulls on leash:** _____
- **Has bitten: If so, explain who, why, when, and the severity of the bite:** _____

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- Sniffs at or eats from counter tops: _____
 - Jumps on furniture he/she shouldn't: _____
 - Chases wildlife and attacks: _____
 - Digs in the yard: _____

• **Is your dog afraid of any loud noises, including fireworks?**

- Other: _____
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Does your dog potty on leash? Is there a specific command you use to get them to potty? _____

What is your exercise routine with your dog? _____

Are you interested in learning more about your dog's diet and its effect on their well-being? Yes / No

What are the first three things you want to work on? Please list in order of priority.

Additional information or comments:

Please understand that any change in a dog's behavior or temperament will require a lifestyle change rather than a few daily training sessions. Success depends on the family's commitment and follow through.

How did you hear about The Calm Companion? _____

Contact Us!

740-447-5131

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