



BDAG Client Profile

Please complete and return to:

bdag.training@gmail.com

Today's date:

About you:

Name:

Address:

Telephone Home:

Mobile:

Email address:

What age children do you have at home?

Have you ever attended training with any dog?

Yes

No

If yes, was it with this dog or another?

What type of training and for how long?

What did you achieve?

Which of the following have you used to train your dogs:

Food

Play

Citronella collar

Punishment

Harness

Standard collar

Toys

Electronic collar

Petting

Head halter

Praise

Choker/check chain

Other – please describe:

About your dog:

Name:

Breed:

Age:

Sex:

Is your dog de-sexed?

Yes

No

Age of dog when obtained:

Number of litter mates:

Obtained from:

Pet shop

Pound

Breeder

Is this your first dog?

Yes

No

Is this your only dog?

Yes

No

If you have other dogs, what breed, age and sex are they?

Please indicate how well your dog can perform the following behaviours, in your opinion, by ticking the appropriate square:	Usually	Some-times	Rarely
Accepts approaches from friendly strangers and sit politely to greet them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be sociable with, or able to ignore other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Settle quickly when requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to name and give eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit beside and in front of you when requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay down beside and in front of you when requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come when called (can be on a long line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay in position for at least five seconds when requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave things which are minimally interesting when requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk nicely on a loose lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of your dog's behaviours do you feel could be improved? (E.g. not pulling on lead, not jumping on people)

When you are home, is your dog: outside inside some of both

When he/she is left alone is he/she: outside inside some of both

Please tick every box which you feel applies to your dog:

- | | |
|---|--|
| <input type="checkbox"/> Has bitten someone | <input type="checkbox"/> Has bitten another dog |
| <input type="checkbox"/> Is pushy | <input type="checkbox"/> Has growled at people |
| <input type="checkbox"/> Has growled at another dog | <input type="checkbox"/> Is protective |
| <input type="checkbox"/> Barks excessively | <input type="checkbox"/> Does not often come when called |
| <input type="checkbox"/> Chews a lot | <input type="checkbox"/> Digs a lot |
| <input type="checkbox"/> Likes retrieving | <input type="checkbox"/> Has excess energy |
| <input type="checkbox"/> Anxious when alone | <input type="checkbox"/> Suspicious or shy of strangers |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Is stubborn |
| <input type="checkbox"/> Likes new people | <input type="checkbox"/> Dislikes grooming |
| <input type="checkbox"/> Fearful of other dogs | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Pulls on lead |
| <input type="checkbox"/> Likes other dogs | <input type="checkbox"/> Seeks attention |
| <input type="checkbox"/> Likes to be with you a lot | <input type="checkbox"/> Bites at hands, clothes or bodies |
| <input type="checkbox"/> Is unruly in the car | <input type="checkbox"/> Likes children |
| <input type="checkbox"/> Plays too roughly | <input type="checkbox"/> Fearful of loud noises or storms |
| <input type="checkbox"/> Fearful of water | <input type="checkbox"/> Won't bring retrieved items back |
| <input type="checkbox"/> Chases things | <input type="checkbox"/> Is toilet trained |
| <input type="checkbox"/> Sits in front seat of car | |

Do you or your dog have any medical conditions which may affect your participation in training programs? (e.g. hearing or eyesight difficulties). Please describe so that we may adapt training to suit.

What would you like to achieve with this program?

Please be as specific as you can about your expectations – for example, I would like to be able to walk with my dog without it pulling on the lead, or a dog that does not jump on people (please do not write ‘an obedient dog’!).

Are there any other comments you would like to make?

Thank you for your time!