

Dog Behavior Assessment

Guardian's name: _____
Cell phone: _____
Other phone: _____
Address: _____
Email address: _____

Dog's Name: _____
Breed: _____
Sex: _____
Date of Birth: _____

Has your dog played with other dogs before? (How often and what size dogs) _____

Has your dog bitten?: _____ Growled or snapped? _____

Explain the circumstances: _____

Is your dog "mouthy" – uses teeth in play? _____

Is your dog too rough in play? _____

Does your dog allow grooming? _____

Does your dog come when called or when it suits him? _____

What is your dog's leash behavior? _____

How is your dog's housetraining? _____

Does your dog chew inappropriately? _____

How is your dog's socialization with people? _____

How is your dog's socialization with other dogs? _____

Is your dog kennel trained? _____

Where does your dog sleep? _____

Is your dog afraid of thunder/lightning/loud noises? _____ How does he/she react?

Dog Guardian/Client Date Hill Country K9 Club Date