



## Dog Profile Form

Owner Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Breed(s): \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Has the dog been spayed or neutered? \_\_\_\_\_

Are you the primary owner of the dog? If not, what is your relationship to this dog? \_\_\_\_\_

How long have you owned the dog? \_\_\_\_\_

Where did you obtain the dog?

- |                                      |                                  |   |                                       |
|--------------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Ad in Paper | <input type="checkbox"/> Breeder | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Pet Store    |
| <input type="checkbox"/> Stray       | <input type="checkbox"/> Shelter | <input type="checkbox"/> Rescue Agency      | <input type="checkbox"/> Other: _____ |

Where is the dog kept?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> In house loose | <input type="checkbox"/> In house crated | <input type="checkbox"/> In fenced yard |
| <input type="checkbox"/> In dog kennel  | <input type="checkbox"/> Tied outside    | <input type="checkbox"/> Other: _____   |

Has the dog ever bitten anyone? If so, please describe when this happened and the circumstances: \_\_\_\_\_

Has the dog ever been in a fight with another dog? If so, please describe how many times this has happened and the circumstances: \_\_\_\_\_

How does the dog react to:

Men? \_\_\_\_\_

Women? \_\_\_\_\_

Children? \_\_\_\_\_

Strangers? \_\_\_\_\_

Crowds? \_\_\_\_\_

Other adult dogs? \_\_\_\_\_

Puppies? \_\_\_\_\_

Horses? \_\_\_\_\_

What things upset this dog? \_\_\_\_\_

How does the dog react to riding in a car? \_\_\_\_\_

How does the dog react to being left alone? \_\_\_\_\_

How would you describe the dog's personality? Check all that apply:

- |                                      |                                     |                                      |                                    |
|--------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Shy         | <input type="checkbox"/> Friendly   | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Happy     |
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Playful    | <input type="checkbox"/> Nervous     | <input type="checkbox"/> Bored     |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Loud       | <input type="checkbox"/> Annoying    | <input type="checkbox"/> Calm      |
| <input type="checkbox"/> Jealous     | <input type="checkbox"/> Submissive | <input type="checkbox"/> Territorial | <input type="checkbox"/> Finicky   |
| <input type="checkbox"/> Indifferent | <input type="checkbox"/> Dominant   | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Dependent |

What bad habits does your dog have? Check all that apply:

- |                                       |                                   |  |  |
|---------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Barks/howls  | <input type="checkbox"/> Digs     | <input type="checkbox"/> Chews         | <input type="checkbox"/> Growls        |
| <input type="checkbox"/> Runs away    | <input type="checkbox"/> Jumps up | <input type="checkbox"/> Gets in trash | <input type="checkbox"/> Chases things |
| <input type="checkbox"/> Bites        | <input type="checkbox"/> Wets     | <input type="checkbox"/> Begs          |  |
| <input type="checkbox"/> Other: _____ |                                   |  |  |

What commands does your dog respond to? Check all that apply.

- |  |                                     |                                   |                                   |
|--|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Come          | <input type="checkbox"/> Don't Jump | <input type="checkbox"/> Down     | <input type="checkbox"/> Drop It  |
| <input type="checkbox"/> Enough        | <input type="checkbox"/> Fetch      | <input type="checkbox"/> Give     | <input type="checkbox"/> Heel     |
| <input type="checkbox"/> Hup           | <input type="checkbox"/> In         | <input type="checkbox"/> Leave It | <input type="checkbox"/> Let's Go |
| <input type="checkbox"/> Move          | <input type="checkbox"/> Okay       | <input type="checkbox"/> Sit      | <input type="checkbox"/> Stand    |
| <input type="checkbox"/> Stay          | <input type="checkbox"/> Stop It    | <input type="checkbox"/> Take It  | <input type="checkbox"/> Wait     |
| <input type="checkbox"/> Others: _____ |                                     |                                   |                                   |

How often will the dog come when called?

- 100%       75%       50%       25%       0%

Has this dog had prior agility training? \_\_\_\_\_ If so, what level or class? \_\_\_\_\_

How long have you been doing agility? \_\_\_\_\_

List activities enjoyed by you and your dog: \_\_\_\_\_

List future goals you have for yourself and your dog: \_\_\_\_\_

What is your previous training skills related to dogs: \_\_\_\_\_

Have you attended any dog-related seminars? If yes, what type? \_\_\_\_\_

Mail completed form to: **Melanie Flesberg, 303 N. Magnolia Ave., Lansing, MI 48912.**

For club information: <http://cvm.msu.edu/~striler/cccc.htm>

To obtain AKC agility rulebook, write: AKC, 51 Madison Ave, New York, NY 10010

To obtain UKC agility rulebook, write: UKC, 100 East Kilgore Rd, Kalamazoo, MI 49001-5598