



1695 34th Street, Oakland, Ca 94608
510-547-3647 Fax: 510-547-4022

Behavior Form

OWNER:

PHONES

HOME:
WORK:
CELL:

E MAIL ADDRESS:

ADDRESS:
CITY:
STATE:
ZIP:

DOG'S NAME:

AGE :

SEX:

IS DOG NEUTERED OR SPAYED?

BREED or BREEDS if mixed:

How long have you had your dog?

How many adults live in the home with the dog?:

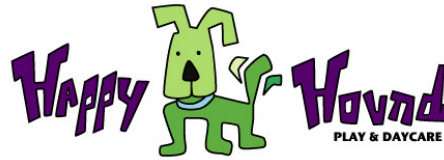
How many children live in the home with the dog?:

What are the ages of the children?:

Does your dog sleep in your bedroom? In your bed?

What other pets live in the home? (Please tell us the species / name / age and sex of other pets.)

Does your dog interact well with your other pets? (If not, give us an explanation of any relationship problems between your dog and other pets.)



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HOW DID YOU FIND THE HAPPY HOUND PLAY & DAYCARE, INC. DOG BOARDING SCHOOL? :

Do you live in a.... (Check one)

- House
- Apartment
- Loft
- Townhouse
- Other

Do you have a yard?

DOES YOUR DOG TOLERATE BEING CRATED?

Part of our training includes teaching your dog to enjoy his or her own space for “quiet time” in his 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?

Please place an X next to any of the problems below you’re having with your dog.

- Not housebroken, occasional pee accident, employ water control
- Overactive and doesn’t settle down easily
- Mounts people or objects
- Urinates when excited, once in a while
- Jumps on people
- Is aggressive toward dogs
- Is aggressive toward people
- Growls at family members when _____
- Nuisance barker/whiner
- Play bites
- Chews destructively on _____
- Doesn’t come when called
- Bolts through open doors
- Guards: toys-food-objects
- Guards: space
- Stresses easily
- Pulls on leash
- Has bitten. (EXPLAIN who, why, severity of bite)
- Sniffs at or eats off of countertops and tables
- Jumps on furniture he shouldn’t
- Separation anxiety
- Digs in yard
- Other _____



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Other problems you would like resolved with your dog:

What Brand & type of Dog food do you use? _____

How much do you feed and on what schedule? _____

Is there anything else we should know about you or your dog?

Is your dog on any medications? No ___ Yes ___

Please explain medication schedule _____

What are the *THREE* most important things we could teach your dog to help you enjoy your pet to the max?

INTERNAL USE ONLY

_____ collar