

# Big River Canine Coach LLC

## General Application

We pride ourselves on creating and maintaining a safe, happy, healthy, and hygienic environment for all dogs that come into our care. Please help us maintain this environment by answering the following questions about your dog.

Owner's Name(s):	
Address:	
Phone Number:	Alternate Number:
E-mail Address:	

### Dog Information

Please fill out one application per dog.

Dog's Name:
Breed(s):
Gender, Spayed/Neutered, & Date of Birth:

How did you get your dog?  Breeder  Friend  Family Member  Social Media  Adopted  
 Other \_\_\_\_\_

Please check the box(es) that best describe your dog's activity level/daily exercise

- Couch Potato  Short walks daily/few times a week  Jogs with me daily/few times a week  
 Heavy yard play (Frisbee, fetch, etc)  Goes to work daily (police/military dog, therapy dog, etc)  
 Regularly competes in agility or herding trials, dock diving, flyball, etc

Do you have other pets in the household? If so, does everyone get along? Please list any issues. \_\_\_\_\_

\_\_\_\_\_

How does your dog react to visitors (human and animal) coming into your house or yard? \_\_\_\_\_

\_\_\_\_\_

How does your dog react to people, animals, or objects passing your house or yard? \_\_\_\_\_

\_\_\_\_\_

### Behavior History

Please give us an idea of what kind of experiences your dog has had in the past.

How would you describe your dog's socialization history? Please check any boxes that fit.

- None  On-leash walks  Plays with other household pets  Formal Service Dog Training  
 Plays with family/neighborhood dogs  Off-leash dog daycare  Off-Leash Dog Park  
 On-Leash Dog Park

Have you and/or your dog ever any formal training?

- Private 1 on 1 obedience classes  Group obedience classes  Board & Train program  
 Service Animal Training \_\_\_\_\_  Police/Military Training \_\_\_\_\_  
 Search & Rescue  Other \_\_\_\_\_

How do you use basic obedience in your daily routine? \_\_\_\_\_

\_\_\_\_\_

(continued on other side)

Has your dog ever chased, bitten, attacked, or killed another animal or person? If so, please tell us what happened, and if you've done anything to prevent it from happening again. \_\_\_\_\_

Does your dog react negatively towards any particular type of people, items, or animals? (Women, people wearing hats, wheelchairs, male dogs, certain breeds etc) \_\_\_\_\_

If your dog does react negatively towards something/someone, are you aware of a stressful event in the past that caused this issue? Please explain if applicable. \_\_\_\_\_

Does your dog have an aversion to being groomed, or does he/she dislike being brush, bathed, groomed, nails trimmed, etc? \_\_\_\_\_

What kind of surface is your dog used to going to the bathroom on? (grass, mulch, potty pad, etc) \_\_\_\_\_

How many times a day does your dog get to go out to the bathroom? \_\_\_\_\_

Does your dog have any issues or concerns with using the bathroom? \_\_\_\_\_

What kind of food does your dog eat?  Kibble \_\_\_\_\_  Home-Cooked  Raw

How is your dog fed?  Scheduled  Free-Fed

How many meals are offered a day? \_\_\_\_\_

Anything else you would like us to know about your dog? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Medical History

Please note that all dogs must be current on age appropriate vaccinations, flea, tick, and heartworm prevention. While Bordetella is not required to stay at our facility, we always recommend that you follow your veterinarian's recommendation.

Who is your regular veterinarian? \_\_\_\_\_

Is your dog current on all age appropriate vaccinations?  Yes  No

If not, why? \_\_\_\_\_

Do you use monthly flea/tick/heartworm prevention? If so, what? \_\_\_\_\_

Does your dog have any sort of allergies? \_\_\_\_\_

Does your dog have any physical limitations? If so, what happened and what limitations? \_\_\_\_\_

Does your dog have any medical conditions we should know about? \_\_\_\_\_

*I certify that the above information is correct to the best of my knowledge. I understand that this information, along with additional information collected on any additional applications will be used to determine the best placement, if any for my dog. Big River Canine Coach LLC has the right to refuse or dismiss any client or dog(s) from our facility for any reason at any time.*

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Big River Canine Coach LLC

## Training Questionnaire

Each dog has their own triggers, and responds to situations differently. Please fill this out to the best of your knowledge so we can show you how enjoyable Life With Your Dog can be.

Owner's Name(s): \_\_\_\_\_

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

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

Please check any behaviors that are a concern for you

- Mouthing  Nipping  Biting  Whining  Barking  Digging  Chewing  Destructive  Housetraining  Ignoring Commands  Jumping  Escaping  Humping  Aggressive  Separation Anxiety  Other \_\_\_\_\_

What do you do to correct the negative behavior? \_\_\_\_\_

What type of collar does your dog wear daily?  Nylon/Leather Collar  "Choke" Chain  Herm Sprenger (Prong) Collar  Martingale Collar  Harness  None  Other \_\_\_\_\_

Is this the same collar you use on walks?  Yes  No  We don't take walks

If no, what do you use for walks? \_\_\_\_\_

Are you able to maintain control of your dog while on walks? If no, what happens?

Aside from puppyhood, has your dog ever jumped up on someone? If so, what happened? \_\_\_\_\_

How do you feed your dog?  Scheduled  Free-Fed  Other \_\_\_\_\_

How does your dog react to corrections? \_\_\_\_\_

Have you ever, or do you currently use a kennel or crate for your dog?  Yes  No

If so, what do you use the kennel for? \_\_\_\_\_

If your dog isn't kenneled at night, where does he/she sleep at night? \_\_\_\_\_

What goal(s) are you aiming to achieve by participating in a training program with your dog?

Do you have a certain time that the goal(s) need to be met by? \_\_\_\_\_

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