



Where K-9's Stay in Royal Suites!

## Training Enrollment Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help us to serve you better.**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

House  Townhome  Apartment  Other

Fenced Yard:  Yes  No Invisible Fence:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed/Mix: \_\_\_\_\_

Weight: \_\_\_\_\_ Color / Unique Markings: \_\_\_\_\_

Pet's Sex:  M  F Pet's Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Is the dog Spayed or Neutered?  YES  NO If Yes, at what Age? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Where did you obtain your dog?

Breeder  Individual  Shelter  Rescue Group  Pet Store

Friend/ Relative  Found Stray  Other \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_ (must have dog a minimum of 30 days)

Why did you get your dog? (Please check all that apply)

Companionship  For the Kids  Protection  To Breed  Work

Received as Gift  Assistance / Service / Therapy / Emotional Support

Companion for another dog  Other: \_\_\_\_\_

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Have you owned other dogs in the past? ( ) YES ( ) NO

If Yes, what breed? \_\_\_\_\_

Is your dog reliably house trained? ( ) YES ( ) Mostly ( ) NO

Is your dog crate trained? ( ) YES ( ) NO Paper/pad trained? ( ) YES ( ) NO

Do you have a dog door? ( ) YES ( ) NO

## **MEDICAL:**

Current health problems / medications: \_\_\_\_\_

\_\_\_\_\_

Past health conditions / treatments: \_\_\_\_\_

\_\_\_\_\_

Does your dog have any allergies, including food allergies? \_\_\_\_\_

\_\_\_\_\_

Is your dog easily handled by vet staff? ( ) YES ( ) NO

Has he/she ever had to be muzzled? ( ) YES ( ) NO

## **EXERCISE:**

What type of exercise does your dog get? (If not receiving any exercise currently, note "none" and the reason.) \_\_\_\_\_

\_\_\_\_\_

How long does the exercise last / How often is it provided? (For example, "a 15-minute walk three times daily", or "plays with neighbor's dog for an hour once a week".)

\_\_\_\_\_

Who is normally responsible for exercising your dog? \_\_\_\_\_

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If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle collar", "head halter", "body harness", "pinch/prong collar", "martingale". Leash examples: "6-foot nylon leash", "retractable leash".)

Collar: \_\_\_\_\_ Leash: \_\_\_\_\_

Does your dog ever become reactive toward other dogs or people on walks?

( ) YES ( ) NO

If so, please describe: \_\_\_\_\_

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

## ENVIRONMENT / LIFESTYLE:

List all people, including yourself, who live in your household:

Name	Gender	Age (children)	Relationship to you
------	--------	----------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will be responsible for practicing training exercises with your dog? \_\_\_\_\_

Does your dog "belong to" a particular household member (e.g. son) or everyone? \_\_\_\_\_

Do any household members dislike the dog, and if so, why? \_\_\_\_\_

Are any household members frightened of the dog, and if so, why? \_\_\_\_\_

\_\_\_\_\_

Is the dog frightened of any household members, and if so, why? \_\_\_\_\_

\_\_\_\_\_

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## HOME QUESTIONS:

Where is your dog kept when you are not at home? (mark all that apply)

Outside    Outside Kennel    Back Yard    Tied or Chained in Yard

Crate    Garage    Kitchen    Bathroom    Other Room

Run of House    Doggy Daycare    Other \_\_\_\_\_

When you are at home, is your dog allowed in the house?  YES    NO

If No, why not? \_\_\_\_\_

\_\_\_\_\_

If outdoor dog, would you like him to eventually be able to be indoors?  YES    NO

If indoor dog, is your dog ever confined (crated, penned) while you are home?

YES    NO   If yes, how long is your dog confined on an average day? \_\_\_\_\_

Reason: \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

How many hours per day is your pet without human companionship? \_\_\_\_\_

Do you have other pets?  YES    NO

If yes, and your other pet is a dog or cat, how does your dog get along with the other pet?

\_\_\_\_\_

## LIKES / DISLIKES

Three things I like about my dog:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Three things I do not like about my dog:

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Does your dog play with toys or play games? ( ) YES ( ) NO

If yes, what is his favorite toy/game? \_\_\_\_\_

What other activities does your dog enjoy? \_\_\_\_\_

## TRAINING

How much training has your dog already had? (Mark all that apply)

- ( ) No Training Yet ( ) Trained him Ourselves ( ) Puppy Group Training  
( ) Basic Group Training ( ) Intermediate Group Training  
( ) Advanced Group Training ( ) Private Lessons ( ) Sent to Trainer

Training methods used (check all that apply): ( ) Treats ( ) Praise

( ) Verbal Corrections ( ) Physical Corrections

Check all behaviors your dog knows:

- ( ) Sit ( ) Down ( ) Stay ( ) Come ( ) Walk nicely on leash  
( ) Leave It ( ) Give ( ) Drop It ( ) Wait ( ) Go to your place  
( ) Quiet ( ) Off (furniture or when jumps up)  
( ) Other \_\_\_\_\_

Check all behaviors that apply to your dog:

- ( ) Aggressive (describe below) ( ) Fearful (describe below)  
( ) Anxious when alone ( ) Jumps on people  
( ) Pulls on leash ( ) Destructive when alone

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- |  |   |
|--|---|
| <input type="checkbox"/> Mouthing / Nipping  | <input type="checkbox"/> Chews furniture / property             |
| <input type="checkbox"/> Digs in Yard  | <input type="checkbox"/> Urinates in house                      |
| <input type="checkbox"/> Urinates when excited   | <input type="checkbox"/> Defecates in house                     |
| <input type="checkbox"/> Steal food/objects/trash  | <input type="checkbox"/> Darts out of doors/gates               |
| <input type="checkbox"/> Escapes from yard   | <input type="checkbox"/> Guards food/toys/chewie's/other        |
| <input type="checkbox"/> Excessive attention seeking   | <input type="checkbox"/> Jumps on furniture                     |
| <input type="checkbox"/> Stealing food   | <input type="checkbox"/> Thunder/Firework phobia                |
| <input type="checkbox"/> Nipping at heels/feet   | <input type="checkbox"/> Play biting                            |
| <input type="checkbox"/> Stool consumption   | <input type="checkbox"/> Understands but will not obey          |
| <input type="checkbox"/> Excessive vocalization alone  | <input type="checkbox"/> Excessive vocalization when we're home |
| <input type="checkbox"/> Threat/growl at other animals   | <input type="checkbox"/> Threatening/biting strangers           |
| <input type="checkbox"/> Threatening/biting family members   | <input type="checkbox"/> Other (describe below)                 |
| <input type="checkbox"/> Lunging (on leash) at __people __dogs __bicyclists __cars __joggers __strollers |   |

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List any procedures/training equipment you've used to try to correct the behaviors checked above: \_\_\_\_\_

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What would you like help with, in order of importance?

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Has your dog ever bitten anyone? ( ) YES ( ) NO      Any animal? ( ) YES ( ) NO

If so, please describe in as much detail as possible \_\_\_\_\_

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Has medical attention been necessary (for humans or animals) because of aggressive incident? ( ) YES ( ) NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is your dog's usual reaction when a stranger enters your home? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you feel it would be important for us to know? \_\_\_\_\_

\_\_\_\_\_

What is your expectation for the success of the behavior modification program?

- My dog's behavior problem will be completely cured.
- My dog's behavior will improve enough to be safe and manageable.
- My skills and understanding of my dog will improve, but my dog's behavior will stay the same.
- I am not optimistic that my dog's behavior can be modified, but I am willing to try.

How much time do you feel you can commit to a behavior modification program?

- I'm very busy and don't have much time to work on training.
- I can work on exercises a few times a week.
- I can devote an hour or more per day to behavior modification exercises.
- Whatever it takes, I am committed to my dog's training.

Are the other members of your household equally dedicated to the work involved in a behavior modification program?

- It is my dog and the other members of the household don't want to be involved.
- I don't know if everyone will want to be involved.
- Everyone in the house is ready to do what it takes to help our dog.
- There are no other people in the household.

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What are your deal breakers? What would cause you to terminate the relationship with your dog?

- The dog bites me.
- The dog bites a friend or family member.
- The dog bites a person outside the household.
- The dog injures a dog or other animal.
- The dog kills a dog or other animal.
- None of the above.

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Parent Signature

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