

# Sit, Stay, N' Play Dog Park Training Evaluation

**Katrina Buccello, Head Trainer, ABCDT**

Owner Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## History

Please list other people in home:

Name	Relationship to Client	Age	Regular Interaction with dog Y or N

Does any person have physical condition that can impact training? \_\_\_\_\_

Who will be responsible for training the dog? \_\_\_\_\_

Has there been training before? \_\_\_\_\_

Why did you choose this mix/breed? \_\_\_\_\_

Why did you choose this specific dog? \_\_\_\_\_

## Dog Information

Dog's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Breed \_\_\_\_\_ Sex \_\_\_\_\_ Spayed or Neutered \_\_\_\_\_

## Health

Has allergies? If yes, please list \_\_\_\_\_

Health Issues? If yes, please list \_\_\_\_\_

Any medications? \_\_\_\_\_

## Vaccinations

Veterinarian (Hospital and Dr. Name) \_\_\_\_\_

Please list the dates of the last vaccinations.

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_

Bordatella \_\_\_\_\_

Does dog live primarily inside, outside, or both? \_\_\_\_\_

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

Where did you get your dog (breeder, rescue, pet store, etc.)? \_\_\_\_\_

If your dog is a rescue, is it known why the dog was relinquished? \_\_\_\_\_

What brand of food is your dog currently is given: \_\_\_\_\_

What is your dog's feeding schedule? \_\_\_\_\_

Current treats given and how often? \_\_\_\_\_

Is the dog given 'people food'? \_\_\_\_\_

Has the dog ever growled over food, toys, or touch? \_\_\_\_\_

What are the dog's favorite toys? \_\_\_\_\_

What is the dog's least favorite thing? \_\_\_\_\_

Where does the dog sleep? \_\_\_\_\_

Is the dog allowed on furniture? \_\_\_\_\_

If yes, has the dog ever growled when asked to get off furniture? \_\_\_\_\_

What type of exercise does the dog get? \_\_\_\_\_

How often? \_\_\_\_\_

Is the dog house trained? \_\_\_\_\_ Does the dog ever eliminate in the house? \_\_\_\_\_

Has the dog ever had a urinary tract or kidney infection? \_\_\_\_\_

Does the dog have unlimited access to water? \_\_\_\_\_

Where is the dog kept when no one is home? \_\_\_\_\_

How many hours is the dog left alone? \_\_\_\_\_ Is the dog crate trained? \_\_\_\_\_

What cues does the dog know? (Circle all that apply)

Sit                      Down                      Stay                      LLW                      Leave it                      Drop It  
Off                      Tricks

How is the dog corrected for unwanted behavior? \_\_\_\_\_

How is the dog rewarded for unwanted behavior? \_\_\_\_\_

### Behavior Information

What behaviors does the dog perform? (Circle all that apply)

Chew                      Dig                      Nip                      Lick                      Beg                      Eats Stool  
Jump on People                      Jump on Furniture                      Bark                      Bolt Out of Door  
Bolt Out of Gate                      Raid trash                      Counter Steal                      Unruly in House

Other:

What would you like to change about the dog's behavior? \_\_\_\_\_

\_\_\_\_\_

Did anything happen at the same time that the behavior started? (move, newborn, etc.) \_\_\_\_\_

\_\_\_\_\_

How often does the behavior occur? \_\_\_\_\_

Describe the situation(s) in which the behavior occurs: \_\_\_\_\_

\_\_\_\_\_

Has the behavior gotten better, worse, or the same? \_\_\_\_\_

What have you done so far to address the issue(s)? \_\_\_\_\_

\_\_\_\_\_

Any other information: