

# Camp Canine Registration Questionnaire

Owner's Name:

Owner's Phone Number:

Dog Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

What are your dog's favorite things? These can be toys, specific treats, etc.

Where does your dog like to be pet?

Is there anywhere your dog does not like to be pet?

Does your dog have any know fears? (thunder, balls, men, etc.)

How does your dog get along with other dogs? Are there certain dogs he/she doesn't get along with? (ex. He doesn't like male dogs. She doesn't like dogs smaller than her. Etc.)

Has your dog ever bitten anyone? If yes, explain.

Does your dog have any health problems or food allergies? If yes, please explains.

Are there any commands or behaviors you do not want your dog to learn?

What are your training goals?

