



Dog Owners' Training Club of Maryland, Inc.

Student and Dog Profile

Handler/Owner Information

Name: _____ Phone: _____

Address: _____
(Street, City, State, Zip)

Email: _____

Dog Information

Name: _____ Breed/Type: _____

Age: _____ Sex: Male Female Neutered: Yes No

Dog was acquired from: _____ at age _____

General Information

1. Household Members

Number of: Adults _____ Children 13 and over _____ Children under 13 _____ Pets _____

2. Do you or your dog have any physical limitations (including hearing)? Yes No
If yes, explain below.

3. Have you attended obedience classes before? Yes No

4. What do you hope to accomplish in this class? _____

5. Are you interested in competitive obedience? Yes No Maybe

6. Percentage of time the dog is: Inside _____% Outside _____% Without humans _____%

7. Do you have a fenced yard? Yes No Walk the dog on leash? Yes No

8. Check the words that apply to your dog's personality:

Growls Shy Fearful Pushy Noisy Bites
 Destructive Excessive Energy Aggressive Too attached to me

Additional Comments:
