Dog Owners' Training Club of Maryland, Inc.
Student and Dog Profile

Handler/Owner: _____ | Dog's Name: _____

Address: _____ | Breed/Type: _____

_____ Zip: _____ | Age: _____ Sex: _____ Neutered? _____

PHONE - Day: _____ Night: _____ |

1. Household members: # adults _____ # children 13 and over _____ # children under 13 _____ # pets _____

2. Do you or the dog have a physical limitation (including hearing) (yes/no) _____. If yes explain on the back.

3. Dog was acquired from (source): _____ at age: _____

4. Have you attended an obedience class before? _____

5. What do you want to accomplish in this class? _____

6. Are you interested in competitive obedience? (yes/no) _____

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

8. Do you: have a fenced yard (yes/no) _____? walk the dog on leash (yes/no) _____?

9. Circle words that apply to your dog: GROWLS SHY FEARFUL PUSHY NOISY

BITES DESTRUCTIVE EXCESSIVE ENERGY AGGRESSIVE TOO ATTACHED TO ME.

10. Additional comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____