

DIAMONDS IN THE RUFF

Training for Dogs & Their People

CLASS _____

DAY _____ DATE _____

REGISTRATION FORM / STUDENT PROFILE

Your Name: _____ Phone: (____) _____ (H)

Address: _____ (____) _____ (W)

City _____ State _____ Zip _____ Email _____

I (we) attest that this dog is current on vaccinations and is examined regularly by licensed veterinarian, and have reviewed our dog's vaccination records with Dr. _____ at the _____ vet clinic who has deemed our dog's level of immunity sufficient to attend a group class. I (we) personally assume all responsibility or liability for this dog and agree to hold harmless DIAMONDS IN THE RUFF, its instructors, contractors, or employees, from any claim for loss or injury to person or thing due to negligence or any reason while in or upon the class premises or grounds or near any entrance to those grounds or premises. I understand that the instruction I (we) will be given is based upon commonly accepted training techniques and I (we) personally accept responsibility for the application and use of those techniques as I (we) practice with and train this dog in class, in public, and in our home.

Signature: _____ Date: _____

(guardian must sign if student is under 21 years of age)

Tell us a little bit about your family:

Family members: # of adults _____ # of children _____ ages: _____

What is your occupation/business? _____

Other pets: _____ Any problems? _____

Any physical limitations/health concerns? (Handler or dog) _____

How did you hear about -or who referred you to- Diamonds in the Ruff? _____

How many dogs have you owned in the past? _____ What breeds? _____

Have you attended an obedience class before? _____ When/where? _____

What did you like / dislike about that class? _____

What do you hope to accomplish in this class? _____

Do you have any long-range goals for this dog? (i.e. showing, etc.) _____

Tell us about your dog:

Dog's name _____ Breed _____ Age _____

Male _____ Neutered? _____ / Female _____ Spayed? _____ Veterinarian/clinic name _____

Where did you get your dog? Breeder, shelter, pet store, newspaper ad, other _____ At what age? _____

(OVER)

Tell us about your dog's home life: (be specific)

Approximately what percentage of time does your dog spend: Inside _____ % Outside _____ % Without humans _____ %

Does your dog have a fenced exercise area? _____ Do you provide additional exercise? _____

Where does your dog sleep? _____

What is your dog's diet? _____ How often/where does your dog eat? _____

Person most responsible for feeding, cleaning up after dog _____

How is dog confined during owner absence? _____

List your dog's favorite games / activities / toys / person _____

List your dog's least favorite games / activities / toys / person _____

Your dog's behavior:

What would you most like to change about your dog's behavior? _____

Any problems concerning your dog's behavior around children, other pets, visitors, etc.? _____

Has your dog ever bitten anyone? _____ Explain: _____

Do you have any problems handling or grooming your dog? _____

What do you like best about your dog? _____

PERSONALITY PROFILE

Circle **ONLY ONE LETTER** per pair of words: **A or B or C or D**

A= true in all situations B= true in most situations C= true in most situations D = true in all situations

Example: My Dog Is... **A= VERY** excitable **B= FAIRLY** excitable **C= FAIRLY** calm **D= VERY** calm
(easily overstimulated) (bouncy & active) (alert but mellow) (comatose)

- | | | | | | |
|-------------------|---|---|---|---|-------------------|
| outgoing | A | B | C | D | clingy |
| demanding | A | B | C | D | giving |
| independent | A | B | C | D | dependent |
| leads | A | B | C | D | follows |
| excitable | A | B | C | D | calm |
| dominant | A | B | C | D | submissive |
| controlling | A | B | C | D | controllable |
| frustrating | A | B | C | D | satisfying |
| intense | A | B | C | D | mild |
| bold | A | B | C | D | nervous |
| self-assured | A | B | C | D | anxious |
| willful | A | B | C | D | compliant |
| assertive | A | B | C | D | passive |
| stubborn | A | B | C | D | willing-to-please |
| voice insensitive | A | B | C | D | voice sensitive |
| touch insensitive | A | B | C | D | touch sensitive |

Total: number of A's _____ number of B's _____ number of C's _____ number of D's _____