



DOGS FOR INVISIBLE DISABILITIES

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Owner Evaluation of Dog Temperament Form

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address _____

Vet's Name or Clinic _____

Phone _____

Dog Profile

Dog's Name _____ Dog's Sex _____ Altered? _____

Dog's Breed _____ Dog's Age _____ DOB _____

Any kids in the household? _____

Is your dog mouthy or nibble on you? _____ Is your dog house trained? _____

Does your dog bark a lot? _____ What brand of food does your dog eat? _____

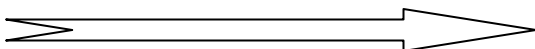
Does your dog take medications? _____ If so, for what? _____

Any past injuries or any current medical conditions? _____

Does your dog dig? _____ Is your dog frightened by any noises? _____

Is your dog frightened around anything else? _____

What happens when you or somebody else tries to take food or toys from your dog?



Over

Does your dog share well?_____ What toys does your dog like?____

Does your dog get along well with other dogs?
specific breed or size of dog?

Does your dog prefer to play with any
Male vs Female dog reaction?

How does your dog react to puppies?_____

Has your dog had obedience training?_____ What commands does your dog know?

Would you be interested in taking obedience classes?_____

Does your dog have a bathroom command?_____

Does your dog have any sensitive area's on the body?_____

Where does your dog like to be petted?_____ How does your dog react to strangers?

Are there any types of people that your dog automatically dislikes or fears?_____

Rate your dog's energy level "1" being very mellow and "10" being a total uncontrollable spaz

Does your dog show any destructive behaviors when you aren't at home?

Is your dog aggressive on leash?

Off leash?

Do you walk your dog often?

Does your dog jump up on you?

On others?

Does your dog growl?

Is it a play growl or a warning growl?

Has your dog ever bitten anybody?

What were the circumstances?

Has your dog ever jumped or climbed over a fence?

How high was it?

Comments