



# Community Play/Temperament Test Behavioral Evaluation

## OWNER INFORMATION

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PET INFORMATION

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Wt: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_ Yrs. \_\_\_ months Birthday (if known): \_\_\_\_\_

My Pet is  Male  Neutered  Female  Spayed

## PET DIET

My pet eats: *name of food*: \_\_\_\_\_ & \_\_\_\_\_ times per day

Treats & Other snacks? \_\_\_\_\_

I feed my pet table food as well.

## GENERAL INFORMATION

What is the main reason you have chosen Community Play Activities for your dog?  
\_\_\_\_\_

How long has your pet been part of your family? \_\_\_\_\_

Where and at what age did your pet join your family? \_\_\_\_\_

How did you acquire your pet? Shelter / Rescue Group / Breeder / Pet Store / Newspaper Ad / Stray \_\_\_\_\_

If adopted, do you have any knowledge of your dog's past history as far as socialization, medical history, previous home, training etc.?  Yes  No \_\_\_\_\_

How many people in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

Are there other animals in your household?  Yes  No If yes, please lists other animals by species, breed, whole/altered, ages and sex: \_\_\_\_\_

How does your dog get along with them? \_\_\_\_\_

## HEALTH PROFILE

When was your pets last health checkup? \_\_\_\_\_

Is your pet on any medication? Flea / Heart-worm / Allergy / Heart Murmur / Insulin / Thyroid / Arthritis /other

Please elaborate: \_\_\_\_\_

Have an allergy?  Yes  No If yes what is the allergy? \_\_\_\_\_

Has your dog been Diagnosed with Hip Dysplasia or other Medical Condition?  Yes  No  
If so what and when? \_\_\_\_\_

Has you dog had previous injures or surgeries? \_\_\_\_\_

What, if any restrictions need to be placed on your dog's activities or movements due to dysplasia or other past injures/surgeries? \_\_\_\_\_

Does your dog have any sensitive areas on its body? \_\_\_\_\_

Are there any physical or medical conditions that could be adversely affected by Community Play activities? \_\_\_\_\_

Has your dog experience bloat in the past? \_\_\_\_\_

## PETS BEHAVIOR AROUND PEOPLE

Are there any kinds of people your dog automatically fears or dislikes?  Yes  No

If yes, explain, male/female hair color, size etc: \_\_\_\_\_

Does your dog ever bark or growl at anyone passing outside your home or yard?  Yes  No

How does your dog react to a stranger coming into your home?  
\_\_\_\_\_

Has your dog ever growled/snapped at anyone?

Has your dog ever bitten anyone?  Yes  No Did it break the skin?  Yes  No

Does your dog jump on other people?  Yes  No

How does your dog behave around children? \_\_\_\_\_

## PETS LIKES & FEARS

What are your dog's favorite spots to be petted? \_\_\_\_\_

Any areas your pet does NOT like to be touched? \_\_\_\_\_

How does your dog react to loud noises? i.e. Thunderstorm, Airplanes etc  
\_\_\_\_\_

If yes, describe & explain what comforts their fears? \_\_\_\_\_

Have you tried to desensitize them to those reactions?  Yes  No

Is your pet a fear biter?  Yes  No

Are there any specific types of dogs your dog does not like? (yellow lab, Black Dogs etc)  
\_\_\_\_\_

Is your dog frightened or nervous around anything else? \_\_\_\_\_

What does your dog do to tell you he is happy? \_\_\_\_\_

What does he do when he has done something wrong? \_\_\_\_\_

## TRAINING

Circle formal training: Obedience, Canine Good Citizen, Therapy, Rally, Agility, \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

What type of training equipment is your dog familiar with or used in the past?

Collars: Pinch, choke, shock, prong, or no-slip Devices: Clicker, treat based, emotional based

What commands does your dog know? *Verbal Command* *Hand Signal*

Sit:	_____	_____
Stay:	_____	_____
Down:	_____	_____
Heel:	_____	_____
Come:	_____	_____
Rollover:	_____	_____
Shake:	_____	_____
leave it:	_____	_____
Potty:	_____	_____
_____	_____	_____

Does your dog know any tricks? \_\_\_\_\_

How do you go about correcting your dog? \_\_\_\_\_

## PRIOR SOCIALIZATION, EXERCISE & PLAY HABITS

Do visitors bring their dogs to your house? \_\_\_\_\_

If yes, how does your pet react / get along with other dogs? \_\_\_\_\_

Does your dog play with other dogs?  Yes  No

If yes, Male or Female? \_\_\_\_\_ Size? \_\_\_\_\_

What type of games does your dog like to play with other dogs? (chase, tug or war etc) \_\_\_\_\_

Has your dog ever been on any agility equipment? \_\_\_\_\_

Does your dog spend most of his time inside or out? \_\_\_\_\_

Does he have a doggie door that he uses at will during the day? \_\_\_\_\_

Typical energy level? Low Medium High

Day to day Activities?  Spends days sleeping, occasional walk or playtime  
 Spends days sleeping but always a short walk or play activity  
 Has long walks or several walks each day  
 Runs on a regular basis, majority of day is engaged in play with human or other dogs.

How many times a week is your dog walked outside? \_\_\_\_\_

How long are the walks? \_\_\_\_\_

What other activities does you pet enjoy? Fetch, Balls, Brushing, Lap Petting, Swimming Pool, Tug a War, Chase, Other \_\_\_\_\_

What does your dog do when you are not home? \_\_\_\_\_

What kind of toys does your dog enjoy playing with? Stuffed, plastic, ropes, balls \_\_\_\_\_

How does your dog react to another dog approaching his toys? \_\_\_\_\_

What level of socialization best describes your dogs experience?

- No previous dog interaction
- Some off-lead play with friends dog
- Regular visits to dog parks, social events, community pay etc

If your dog has engaged in community play where do they play? Daycare facility, DogPark, Yard, \_\_\_\_\_

How often does your pet interact with other pets? \_\_\_\_\_

Group Size? 1 on 1 2-3 4 or more

Size of Dogs: Same size Smaller Larger

Sex of Dogs: Male Female

Age of Dogs: Puppy Adolescent Senior

Are there toys involved?  Yes  No

**PRIOR SOCIALIZATION, EXERCISE & PLAY HABITS**

How does your dog react to other dogs approaching when

*On leash* At the Park? \_\_\_\_\_

On a Walk? \_\_\_\_\_

*Off Leash* At the Park? \_\_\_\_\_

On a Walk? \_\_\_\_\_

Does your dog mount other dogs?  Yes  No

Has your dog been involved in a dog fight? if so, explain. \_\_\_\_\_

Other comments or information about your dog that might be helpful:

**If applying for Community Play:**

How often are you considering your dog attend Community Play?

Daily / weekly 1x 2x 3x 4x / 1-2 per month / 3-4per month / occasionally

**If entering our Training Class:**

Owners prior Training Experience: \_\_\_\_\_

What objectives or particular issues with your dog would you like to address?

Print your name as they should be printed on your graduation certificate

Handlers Name

Dogs Name

Training Class updates, cancellations and information can now be sent via text message. if you wold like to receive notification via text concerning your class, please complete the following:

Cellular Number: \_\_\_\_\_ / \_\_\_\_\_

*For Office Only*

Evaluation Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Comments: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Class: \_\_\_\_\_

Payment: \_\_\_\_\_