K-9 Educational Training Center of Hillsborough

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Behavior Fact Sheet

Owners Name:		Date		
		Dog's Profile	2	
Dog's Name		Breed_		
Birth date		Age Obtained		Gender M / F
From whom did you g	get your dog (name or sto	ore)		Altered <u>Y / N</u>
If your dog is not alte	red –What month and ye	ear will it be done?		
What brand of dofood do feed your dog?		Who fee		o feeds your dog?
Where does your dog eat?		Times fed per day		er day
Amount per feeding:	I	How long does your dog take to	o finish all the foo	od?
How often is your dog bathed?		Brushed		Nails
How long is your dog home alone?		Where does your dog stay?		
Where does your dog	sleep?			
What is your dog's favorite toy?		Favorite treat?		
When do you play wi	th your dog?			
What games do you p	olay?			
List the commands yo	our dog understands			
List your dog's likes a	and dislikes			
List other pets (specif	(y) in the house and their	ages		
List children in the ho	ousehold and their ages			
	Pleas	se check all that appl	y to your do	og
Digging	Jumping	Does not listen	Shy	Barking at noises
Chewing	Aggression	Housebreaking		Barking in crate
Pulls leash	Mouthing	Running away	Other	please list
	مادوا سامعه مسامنت			

Thank you for fully completing this profile. This form helps us get acquainted with your dog and provides us with information needed to form a personalized program.