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## Dog Training Registration Form

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115 9th Ave NE Perham, MN 56573 – 218-346-7487 – [www.thebackyardperham.com](http://www.thebackyardperham.com) – [thebackyardperham@gmail.com](mailto:thebackyardperham@gmail.com)

### Pet Parent Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency contact & #: \_\_\_\_\_ Vet Name: \_\_\_\_\_

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

### Dog(s) Info

Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Spayed/Neuered?  Yes  No

Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Birthdate (if known): \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Where did you get your dog?  Breeder  Rescue/Shelter  Re-Homed  Found

How long have you had your dog? \_\_\_\_\_

Has your dog ever been in any training classes before?  Yes  No

If yes, with what training program and how did your dog do?

\_\_\_\_\_

\_\_\_\_\_

### Health History

**Required vaccinations** (a current vaccination record will be required from your vet):

- Rabies
- Bordetella
- DHPP (Distemper/Parvo combo)
- Must also be flea/tick free, and be current on flea/tick preventatives

Check any health concerns your dog has experienced in their lifetime:

Ear Infections  Eye Infections  Allergies  Gastritis/Bloat  Heartworm

- Tapeworms    Canine Cough    Heat Stroke    Seizures    Fleas/Ticks

Additional Health Concerns (check all that apply):

- Heart    Vision    Hearing    Skin    Joints

Surgeries (describe): \_\_\_\_\_

\_\_\_\_\_

Regular Medications (describe):

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any known allergies (ex: food, cleaning products, grooming products)?

\_\_\_\_\_

\_\_\_\_\_

## Behavior & Social Interactions

Does your dog know any commands already? If so which ones?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your dogs energy level?

\_\_\_\_\_

Is/has your dog (check all that apply):

Crate Trained    Escaped a crate/door, if checked please explain:

\_\_\_\_\_

Climbed/jumped fences, if checked please explain:

\_\_\_\_\_

Eaten foreign objects, if checked please explain:

\_\_\_\_\_

Does your dog go to dog parks or other off leash environments? If yes, how often? \_\_\_\_\_

Has your dog ever nipped or bitten anyone or other dogs? If checked, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your dog resource guard toys/bones/etc. from other dogs or from you?  Yes  No If no, please explain:

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Is there any person, dog, or environment that makes your dog uncomfortable?  Yes  No

If yes, explain:

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Does your dog play well with dogs of all sizes and breeds?  Yes  No If no, please explain:

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How does your dog interact with puppies?

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**My dog... Please check all those that apply:**

Is shy/ nervous around new people or strangers  Has separation anxiety

Is dog reactive on a leash  Is shy/nervous around other dogs  Plays rough  Prefers to be left alone

Loves to chase/be chased by other dogs  Plays respectfully with other dogs