



Canine Behavioral Profile Sheet

Biographical

Training Classes or Home Session

E-Mail Address: _____

Dog's Name _____ Today's Date _____

Current Age _____ Age When you Got Your Pet _____ Breed _____

Owner's Name _____

Address _____

City/St/Zip _____

Phone: Home (_____) _____ Business (_____) _____

Phone # where owner can be reached (_____) _____

Living Arrangement: House ___ Apartment ___ Duplex ___ Condo ___ Mobile Home ___ Other _____

Is there any one in the family who has medical issues? _____

Is there any disabilities within the household? If so please list. Deaf ___ Blind ___ Other _____

Are there any close friends or family members who have medical issues or any disabilities? If so please list.

Daily home caretaker is: _____ sex _____ age _____

Number of Children & ages _____ **Number of adults & ages** _____

Daily exercise Fenced yard only walks by caretaker other, describe _____

Outings with caretaker car rides, who _____ Parks, who _____ frequency _____

Daily Feeding: Number _____ By Whom _____ Approx. Time _____

Where is the dog kept: In the house loose In the house created in fenced yard Hidden fence In dog
kennel Tied outside Other _____

Health/Medical

Medication: Past _____ Current _____

Seizures: No Yes, what type/frequency _____

Heat Disease: No Yes, what type/frequency _____

Check all applicable: Blind deaf arthritis Ear infection teeth infections spayed/neutered

Allergies, specify to what & medication _____

Other injuries, specify _____

Shot Dates: DHLPP _____ Rabies _____ Bordetella _____

Veterinarian _____ Vet's Phone (_____) _____

Class Being taken _____ Classes Completed _____

Color _____ Height _____ Weight _____ Sex _____

Spay or Neutered: Yes _____ No _____

Where did you get your dog? Ad in paper Breeder Friend or relative Pet Store Stray Shelter

Rescue Other _____

What were the conditions of the pets previous habitat? _____

If Applicable, you would describe your pet's reaction to home grooming as: check all that apply.

Hygienes: by home caretaker: daily weekly monthly: brushed bathed trimmed

How Do They Respond to Grooming:

totally cooperative uncooperative wiggly shy nervous tries to get away bossy aggressive/bites

Does your dog get groomed? Where and how often _____

If Applicable, frequency of professional care monthly by: Vet _____ Stylist _____ Kennel _____

You would describe your pet's reaction to Pet care Professionals (vets, stylist, kennel operators) as: Check all that apply

Friendly Loving **Shy** Excited **Apprehensive** Passive Nervous **Frighten** **Aggressive/biting**

If you checked any of the BOLDDED items, What happened and how was it handled?

Social Behaviors

Yes No: Does dog respond to name when called?

Yes No: Does dog respond to owner's directions?

How often does your dog come when called? 100% 75% 50% 25% 0%

Yes No: Does dog urinate when approached?

Yes No: Does dog indulge in self-mutilation?

Yes No: Is dog housetrained?

Describe how dog reacts to strangers: Friendly Suspicious Shys Away Frighten Ignores Excited

Barks Jumps on them Growls Bites Men Women Other Dogs

If checked any **BOLDED** items, What happened and how did you handle it: _____ -

Has your dog ever been in a fight with another dog? If so, please describe how many times and the circumstances:

How does your dog react to: Men _____ Women _____

Puppies _____ Being put on a leash _____

Being kenneled _____ Receiving treats around other dogs _____

What things upset your dog? _____

How does your dog react to riding in the car? _____

How does your dog react to being left alone? _____

What bad habits does your dog have? Check all that apply:

Barks/howls Digs Chews Growls Runs away Jumps up Get in the trash Chases things Bites

Wets Begg Oher _____

If checked any **BOLDED** items, What happened and how did you handle it: _____ -

Nervous System Type

In Stress Situation (new situation, stranger, left alone, confined) Wildly Active Poised Assured

Withdrawn Lethargic, stiff/shaking

Highlights/Misc.

What type games are played? _____

Has dog ever bitten anyone? No Yes, specify _____

Who administered punishment _____ Type _____

Final Evaluation

Personality Type:

How would you describe your dog's personality? Check all that apply:

- Balanced Extremely introverted Introverted Mildly Introverted Extremely extroverted Extroverted
- Mildly extroverted Shy Friendly Fearful Happy Aggressive Playful Nervous
- Bored Hyperactive Loud Annoying Calm Jealous Submissive Territorial
- Finicky Indifferent Dominant Possessive Dependent

Social Order:

- Dominant Subordinate Leader tendencies

Reflexive Responses:

- Active Defense Reflexes: flight freeze fight
- Oral Oriented: **barks** **whines** **chews** licks salivates excessively sucks excessively
- Freedom reflexive
- Strong orienting tendencies
- Strong chase tendencies

If checked any BOLDED items, What happened and how did you handle it:

Special Behaviors:

- Hyperkinetic tendency _____
- Phobic, specify fear _____
- Anxiety, Specify _____
- Psychotic tendencies, specify _____
- Antisocial, specify _____
- Others, specify _____

Owner handing problems:

- Poor Leader roles
- Abusive
- Over indulgence
- Isolates the dog socially
- Inconsistent
- Encourages aggressive tendencies
- Plays aggressive games, specify _____

- Feeds poor diet
- Rewards inappropriate behaviors, specify _____

- Other, specify _____

Final Evaluation

- General Physical exam requested
- Neurological exam requested
- Desensitization therapy
- Counter-condition
- Establish leader-role relationship
- "Learn to earn" modification
- Jolly routine
- Obedience train
- Reward appropriate behavior, ignore bad
- Massage and /or T-touch therapy
- Relieve tension
- Placement Therapy
- Pressure Point
- Socialization therapy
- Substitution therapy
- Distraction Therapy
- Discontinue isolation
- Housetraining required
- Decharge Therapy
- Substitute _____ Games/toys with _____
- Other _____



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Video Training Series Release Form

For good and valuable consideration, the receipt of which is hereby acknowledged,

I hereby consent to the photographing of myself, my pet, and the recording of my voice and the use of these photographs and/or video recordings singularly or in conjunction with other photographs and/or video recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

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(Please print)

Name _____ Date _____

Address _____

Signature _____

Signature of Legal Guardian (if under 18) _____