



DOG BEHAVIORAL AND HEALTH DISCLOSURE FORM

Client Name: Click or tap here to enter text.

Dog's Name: Click or tap here to enter text.

Breed: Click or tap here to enter text. Age: Click or tap here to enter text.

Sex: Male Female Neutered Spayed

The purpose of this form is to disclose all known behavioral issues and health conditions of the Dog that may affect training. The Trainer relies on the accuracy and completeness of this information to provide safe and effective services.

Behavioral Issues (check all that apply)

- History of biting people
- History of biting other dogs or animals
- Knocking people down / jumping on people
- Fighting with dogs
- Severe aggression when leashed (“leash aggression”)
- Food aggression or possessiveness over toys/bones
- Snapping when touched or restrained
- Severe fear of people (strangers, visitors, children, etc.)
- Overexcitement when seeing cats or wild animals
- Excessive barking, howling, or whining

- Destructive chewing or digging
- Other (please describe): Click or tap here to enter text.

Health Issues (check all that apply)

- Current possible illness (vomiting, diarrhea, coughing, lethargy, etc.)
- Allergies (food, environmental, or medication): Click or tap here to enter text.
- Sensitive areas of the body (e.g., ears, paws, hips): Click or tap here to enter text.
- Mobility issues (hip dysplasia, arthritis, limping): Click or tap here to enter text.
- Seizures or neurological issues
- Heart condition or breathing problems
- Recent surgery or injury: Click or tap here to enter text.
- Current medications: Click or tap here to enter text.
- Other health concerns: Click or tap here to enter text.

Client Acknowledgment

I certify that I have fully and truthfully disclosed all known behavioral issues and health conditions of my Dog. I understand that failure to disclose such issues may endanger the Trainer, other people, or animals, and may result in termination of training without refund.

Client Signature: _____ Date: _____