

Canine Behavioral Assessment

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Our Companions Animal Rescue is 501c3 non-profit organization. The mission of Our Companions is to offer programs and services that support and nurture a positive relationship between people and their pets. Our Companions training program is specifically designed to help people develop a better relationship with their pets, understand canine communication, management tools and positive training techniques. Please complete this form to help us understand you, your dog and any specific goals you have for this session.

PLEASE PRINT		CLIENT IN	NFORMA	ATION			
Last Name	I	First:				Date:	
Home Address							
City				State		Zip Code	
Phone Number	Dog's Name			Email address:			
Where did you get your dog?	How old is the dog?			Breed:			
Does your dog have any health problems?							
HOUSEHOLD INFORMATION							
How many adults in your household?				Children?	A	ges of children:	
How many hours is the dog left alone without people?				How many hours is the dog crated?			
How many hours is the dog outside?				What do you feed your dog?			
OTHER PETS							
List other canines and felines in the home currently:							
Name	Age						
			Yes	No			
			Yes	No			
			Yes	No			

Complete on Reverse

	INFORMATION	N (Please be specific)			
What would you like to accomplish in this ses	ssion?	List the commands your dog knows:			
List behaviors you would like to modify/chan	ge?				
Does your dog have experience socializing	How does your	dog act around other dogs on leash?			
with other dogs?					
Off le		ff leash?			
agree to assume all responsibility for any claim, I be caused relative to this training. I further agree harmless and defend them from any and all liability or property, caused relative to this training. I agree volunteers, agents or members who might be the on my part or on the part of my dog during the Training, OCAR does not have and does not exerciproviding this training as a community service and I also understand that the degree to which a dog i	training offered by oss or damage, of that I will hold O lity for any injury, ee to indemnify C subject of any claraining Program. Sise control of the d utilizes volunters successfully training training training successfully training tra	y Our Companions Animal Rescue (hereby referred to as OCAR), I Swhatever kind or nature, whether to person or property, which may CAR, its officers, directors, trainers, volunteers, agents and members claim, damage or loss, of whatever kind or nature, whether to person our Companions Animal Rescue, its officers, directors, trainers, im, suit, loss or damage caused in any way by any act or negligence I acknowledge that while OCAR may facilitate and sanction this conduct of my dog(s). I further recognize that Our Companions is er trainers with varying levels of training experience.			
owner. I acknowledge and agree that there is no gof the instructor. I also acknowledge that all info	guarantee that my	dog will achieve the desired level of training, despite the best efforts			
Name of Client(s)	Sig	nature of Client			
Date					