



Dog Connection Camp Registration Form

150 SW 19th Road
Miami, FL, 33129
T 305. 458.7787 (P)
T 305. 316.9077 (L)
T 787. 562.6056 (S)

dogconnection@yahoo.com

www.dogconnection.org

*Please complete this form and e-mail it to dogconnection@yahoo.com
*** This form can be completed and submitted electronically. Use the TAB key to jump
between fields. Use the space bar to select check boxes.*

ABOUT YOU

Name:			
Address:			
Zip Code:			
Phone:	(h)	(w)	(c)
E-mail Address:			
Emergency Contact Name:			
Emergency Contact Phone Number:			
Why are you enrolling your dog in this camp?			

ABOUT YOUR DOG

Dog's Name:			
Breed:			
Age:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height:		Weight:	
How long have you had the dog?			
Where did you get the dog? (e.g., breeder, rescue, re-home)			
How old was your dog when he/she joined your household?			
Does your Dog have any preexisting medical problems? If so, what are they?			
Is your pet currently taking any medications?			
What opportunities does your dog have for physical exercise, such as walks and runs?			
Is your dog a high-energy, active individual or contend to be a couch potato?			
What type and length of leash are you using with your dog?			
What type of training equipment are you using? (i.e. collars, harnesses, halters, etc.)			

TRAINING

Please list classes you are currently attending or have recently attended with your dog:

My dog is trained in the following behaviors:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Eye Contact | <input type="checkbox"/> Leave It | <input type="checkbox"/> Down |
| <input type="checkbox"/> Loose Leash Walking | <input type="checkbox"/> Stay | <input type="checkbox"/> Sit |
| <input type="checkbox"/> Rest in crate | <input type="checkbox"/> Go To Mat/Place | <input type="checkbox"/> Come |
| <input type="checkbox"/> Off/No Jump on Greeting | <input type="checkbox"/> Fetch/Retrieve | <input type="checkbox"/> Give/Out |
| <input type="checkbox"/> Others (List) | <input type="checkbox"/> Wait | |

Are there any circumstances in which your dog is unable to perform any of these behaviors?
Please describe:

GENERAL BEHAVIOR PROBLEMS

Check the Behavior Problems You are experiencing (and describe below if necessary):

- | | | |
|---|--|---|
| <input type="checkbox"/> Jumps on People | <input type="checkbox"/> Steals Food, Objects, or Garbage | <input type="checkbox"/> Rushes through door |
| <input type="checkbox"/> Jumps on Furniture | <input type="checkbox"/> Urinates when excited or when greeted | <input type="checkbox"/> Inappropriate behavior in vehicle |
| <input type="checkbox"/> Excessive Vocalization | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Pulls on Leash |
| <input type="checkbox"/> Mouthing/Grabbing | <input type="checkbox"/> Anxious Behavior when alone | <input type="checkbox"/> Mounting/Humping |
| <input type="checkbox"/> Chews Furniture/Property | <input type="checkbox"/> Does not come when called | <input type="checkbox"/> Urinates or Defecates inside home |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Digs in the yard | <input type="checkbox"/> Destructive behavior when alone |
| <input type="checkbox"/> Stool Eating | <input type="checkbox"/> Pushy/wants to get his own way | <input type="checkbox"/> Only listens when he feels like it |
| <input type="checkbox"/> Chasing Objects | <input type="checkbox"/> Runs away | <input type="checkbox"/> Won't Come when Called |
| <input type="checkbox"/> other | <input type="checkbox"/> Car Sick | |

Phobias:

- ☐ Thunder
- ☐ Noises
- ☐ Cars
- ☐ Men
- ☐ other

Please describe:

RESPONSE HISTORY

My dog...		
<input type="checkbox"/> gets “sniffy” or distracted, wanders away and will not come when called <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other	<input type="checkbox"/> is easily distracted by the environment (e.g., other dogs, noises, people, motion, etc) <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other	<input type="checkbox"/> is unable to focus or relax for even a moderate amount of time <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other
<input type="checkbox"/> shows stress behaviors such as yawning, lip-licking, scratching (but not itchy), avoids eye contact, especially when asked to perform <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other	<input type="checkbox"/> is easily “over-excited” or aroused and is no longer in thinking/learning mode and cannot be redirected <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other	<input type="checkbox"/> Is responsive (startles) to sudden environmental changes (falling chairs, new person, etc.) or barks, pulls, lunges at dogs, objects he is uncertain about, but can be interrupted or recovers quickly <input type="checkbox"/> at home <input type="checkbox"/> in public <input type="checkbox"/> around strange people <input type="checkbox"/> around other dogs <input type="checkbox"/> other
Please describe:		

BITE-FIGHT HISTORY

Has your dog been in dog fights with household dogs or other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe a typical “fight”.
Do you know what started any of these fights?
Did you see any mouth contact in these fights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the injuries. (tooth scrape, very shallow tooth poke, deeper tooth poke, bite and hang on)
On which parts of the body were the injuries?
On which dog?
Did either dog require a vet visit? Which dog?

Has your dog ever air-snapped at you or another person? Describe.
Has your dog ever growled at you or another person? Describe.
Has your dog ever grabbed at you or another person with his mouth and held on? Describe.
Has your dog ever bitten you or another person? Describe.
Did a bite require medical attention? Describe.
When your dog is aggressive, what is your response? Describe.

TRIGGERS

Describe your dog's behaviors when he is on leash and sees another dog (or some other trigger)
How does your dog react to an OFF leash dog that approaches when he is on leash?
What things besides other dogs cause similar reactions? (cars, bicycles, motorcycles, skaters, joggers, children, heavy equipment, garbage trucks, cats, and so on)
How close does your dog have to be from trigger before he reacts?
How long does it take your dog to show some self-control after a triggering event?
How long does it take your dog to relax again after a triggering event?
What does your dog do on a walk when there are no triggers?
What are your dog's signals that he is stressed?
Is your dog reactive to triggers at home? In the house? In the yard? At the windows?

AGGRESSION AND HANDLING

Does your pet ever threaten or act aggressively in any of the following situations:		
<input type="checkbox"/> Petting	<input type="checkbox"/> Chewing Objects	<input type="checkbox"/> Approach while sleeping
<input type="checkbox"/> While eating	<input type="checkbox"/> Punishment/Discipline	<input type="checkbox"/> People entering the home
<input type="checkbox"/> Other dogs on property	<input type="checkbox"/> People off the property	<input type="checkbox"/> People entering the yard
<input type="checkbox"/> Other dogs off property	<input type="checkbox"/> Other animals	<input type="checkbox"/> Mounting/Humping
<input type="checkbox"/> other		
If yes to any of the above, please describe:	HANDLING: Is there a particular type of handling that leads to aggression?	
	<input type="checkbox"/> Nail trimming	<input type="checkbox"/> Giving Medication
	<input type="checkbox"/> Muzzle Grasp	<input type="checkbox"/> Cleaning ears
	<input type="checkbox"/> Holding Still / Restraining	<input type="checkbox"/> Grooming
	<input type="checkbox"/> Time Outs	<input type="checkbox"/> Bathing
	<input type="checkbox"/> Grasping Collar	<input type="checkbox"/> Patting Head
	<input type="checkbox"/> Verbal Correction	<input type="checkbox"/> Rubbing Belly
	<input type="checkbox"/> other	<input type="checkbox"/> Being Lifted
		<input type="checkbox"/> Rolling Over

GOALS

What are your hopes and goals for you and your dog in this course?
Any other hopes or goals you have for you and your dog:

FINALLY...

What is something you and your dog love to do together?
What is something you really love about your dog?
Anything else you'd like to add:

Please attach a copy of your dog's immunization record. Remember that some form of flea and tick prevention is REQUIRED. Proof of immunization MUST be in the form of a receipt (or other official document) OR you may have your veterinarian complete and sign the attached form. Dogs must be in good physical health to participate. Please let us know if your dog is not social or not friendly with other dogs. Your dog MUST wear current rabies tags during camp to be able to participate in camp activities (tags are required for entry into all city parks).



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Vaccination/Health Certification

Prior to coming to camp, please provide appropriate documentation (either in the form of receipts or signed certificates) for the listed vaccinations and procedures. **Or**, please ask your veterinarian to complete this form and send it to us. Thank you!

Owner's Name _____

Veterinary office _____ Phone: () _____

Dog's Name _____ Gender: _____ Dog's Birthdate: _____

Dear Doctor:

I would like my dog to attend the Dog Connection Camp. Please complete this form and return at your earliest convenience. Thanks for your prompt attention.

Sincerely,

Signature of owner

Vaccinations	Last Given	Next Due
Rabies		
Bordetella		
Distemper and Parvovirus		
Flea and tick prevention program		
Spay / Neuter		N/A

	Type	Number
Microchip		

Veterinarian Signature

Veterinarian Printed Name

Date