



**LEARNING AND WELLNESS CENTER**  
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 www.4Pawscenter.org

**Canine Profile for** \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, ZIP \_\_\_\_\_

*Dear Owner: Please introduce us to your canine companion. If you have any concerns about your dog's behavior or temperament, please let us know. We have several experienced handlers, as well as evaluators who can give you advice. We recommend that you wait until your dog is one-year old before considering giving him or her a job as canine therapist. We also suggest that if you have rescued your dog, please give him or her at least six months with you before applying for training. We can also recommend local-area trainers who are familiar with our program.*

How did you find your canine and how long have you lived together? \_\_\_\_\_

List your dog's favorite activities and activities you do together: \_\_\_\_\_

List any classes you have taken together and titles your dog has earned: \_\_\_\_\_

What commands/tricks does your dog know?  Sit  Lie Down  Stay  Come  Speak  Hand Signals

Others: \_\_\_\_\_

Are there any behaviors that you need/want to work on with your dog?

- walking on leash without pulling
- teaching new tricks
- other (please list)
- taking food gently from your hand
- improving obedience
- improving reaction to other dogs
- improving confidence level

Does your dog react fearfully or becomes uncomfortable or nervous with

- thunder/loud noise/gun shots
- men in uniform/hats/ or with sticks or brooms
- children, toddlers
- confusion or hectic activity
- other dogs
- other (please list)

Has your dog bitten or broken the skin of a person? **Yes No** If YES, was the dog provoked or protecting something?

Please explain: \_\_\_\_\_

Has your dog bitten or attacked another dog? **Yes No** If YES, was the dog provoked or protecting something?

Please explain: \_\_\_\_\_

Is there anything else you would like to tell us about your companion? (Please use the back of this sheet.)

By signing this **Canine Profile**, you agree that the information you provided is true. \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)