**PUPPY PERFORMANCE PLAN**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/ Neutered: Yes No Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Fill out the following questionnaire to the best of your ability.**

**Are you a client of Pleasant Valley Vet Clinic?**

**How long have you owned your dog?**

**Did you adopt or get your dog from a breeder?**

**Why did you choose this breed of dog?**

**Do you have any other pets in the household? If so, what kind and how old?**

**How many people are in your household? If you have children, how old are they?**

**What do you know about your dog’s history?**

Did you meet their parents? Were they friendly and/or accepting of strangers?

**What is your dog’s medical history? Are they healthy or on any medications?**

**What challenges or problems are you having with your dog?**

**What training methods have you done?**

**What commands have you worked on, and/or what commands will your dog perform consistently and reliably?**

**What motivates your dog? What is their favorite reward?**

**What is your dog’s normal routine?**

Where do they sleep? How much and how often do they eat? Where do they go when left alone? Are they allowed on furniture? Are they crate trained?

**Is your dog potty trained?**

**What kind of exercise do they get, and how often?**

**How does your dog behave on a leash?**

**Have you had any incidents where your dog growled, snapped, bared teeth, or bitten? If so, why?**

**Has your dog exhibited signs of resource guarding? Guarding food, toys, or even people?**

**Does your dog nip or put its mouth on you, including when playing?**

**Has your dog ever escaped, either by running out the door, digging/jumping a fence, or by any other means? Do they come back when you call?**

**Does your dog steal food or other things? If so, do they let you take it from them?**

**How does your dog react if you touch it while eating?**

**Would your dog allow you to take a bone, treat, or toy from them if you tried?**

**What happens if you intentionally or unintentionally disturb your dog when they are sleeping?**

**Has your dog shown signs of dog reactivity or aggression?**

**How does your dog react when strangers approach?**

**How is your dog around children?**

**How is your dog around cats or other animals?**

**Are you able to safely groom your dog?**

**Is your dog fearful or timid of any sounds or objects?**

**Does your dog struggle with any types of anxiety?**

**What goals do you hope to accomplish through training?**

**Conclusion and Future Steps (For Trainer Use)**