



# Canine Bliss, LLC Student Profile Form

Mail to: Canine Bliss, LLC, 2724 W. State Street, Fremont, OH, 43420

419-334-7571

Your name:

Dog's name:

Dog's Breed:

How did you hear about Canine Bliss, LLC?

Would you like to receive information and newsletters from Canine Bliss, LLC via email?      yes      no

(Canine Bliss will not share your information with anyone.)

Does your dog have physical limitations/medical problems?      yes      no

**If yes, what (please be specific)?**

Do YOU have a physical limitation we should allow for in class?      yes      no

**If yes, what (please be specific)?**

Please list other family members including pets:

Dog was acquired from (please circle):      pet shop      shelter      breeder

other (please specify)

Age of dog when acquired:

How long have you had this dog?

What do you want to accomplish in this class?

Approximate % time dog is: inside \_\_\_\_ % outside \_\_\_\_ % without humans \_\_\_\_ % tied \_\_\_\_ %

About how many minutes a day do you walk your dog on leash? \_\_\_\_ minutes

What do you like best about your dog?

What is your dog's regular food?

What times are your dog's meals?



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Circle anything that applies to your dog:

- |                  |          |             |                      |
|------------------|----------|-------------|----------------------|
| growls           | shy      | fearful     | too attached to me   |
| pushy            | bites    | destructive | won't listen to me   |
| excessive energy | dominant | aggressive  | not good with people |
| guards food/toys | mouthy   | noisy       | not good with dogs   |

other (be specific): \_\_\_\_\_

What would you like me to know about you and your dog?

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Are there any specific dog/pet products and/or services you are interested in, would like to purchase?

Please be specific.

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