



767 Old Sambro Road Unit 7
Halifax, Nova Scotia, Canada.
902-817-4283
oncuetraining@gmail.com
oncueanimaltraining.ca

Reactivity Registration

owners Name

Address

Phone #

E-Mail Address

Dogs Name

Breed _____ Sex _____ Age _____

My dog is: Spayed Neutered Not Spayed/Neutered

Canine Behaviour Questions

How long have you had your dog?

Where did you get your dog?

Has your dog ever growled or bit another PERSON or DOG? YES NO (If yes, what were the circumstances?)



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Is your dog crate trained? YES NO

Is there any areas on your dogs body that he/she DOES NOT like to be touched by humans?

YES NO (If yes, which areas?)

Describe the behavioral issues



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Has your dog ever injured another animal?

Extent of the injury

Has your dog ever injured a human?

Extent of the injury

Has the dog been involved with animal control or been quarantined ?

Have there been any recent changes in health?

Has the behaviour developed recently?

Does the behaviour occur during handling, petting or moving the dog?

Recent injuries or surgeries?



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Changes in appetite or weight?

Any ear issues?

Any skin issues?

Any lethargic behaviour?

Any seizures?

Are they on any medications?

If so what for?

Owners Signature: _____ Printed Name: _____ Date:

