

Dane County 4-H Dog Project Dog Behavior Check-in Form

Please fill out the top section of one form for each dog you intend to check in.

Dog Name: _____

Member(s) who intend to participate with this dog: _____

The following is to be completed by Dane County 4-H Dog Project Committee Members *only*.

Greeting:

Petting/Handling:

Taking/Eating Food:

Behavior around Adults:

Behavior around Children:

Behavior around Other Dogs:

Environment Response:

Noise/Sound Response:

Other Observations:

Examples: Growling Excessive Fixation on Dogs Excessive Fixation on People Lunging Biting Locking Eyes with Dogs Hard Eyes Charging a Dog
Charging a Person Hiding Averting Eyes Lip-Licking Repeated Yawning Scratching Urination Barking (Distance/Creating) Barking (Gen. Excitement)
Exit-Seeking

Dog Passes Initial Behavior Check-in: Yes No **Date:** _____ **Initials:** _____

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