

# Dog Research Registration Form of the Max Planck Institute for the Science of Human History



MAX-PLANCK-GESELLSCHAFT

Department of Linguistic  
and Cultural Evolution  
Dog Studies  
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## Dog Owner:

last name: first name:

full address:

phone nr: time of day:

mobile phone: time of day:

e-mail:

preferred testing time:

name of second dog (if available):

Are you able to bring and fetch your dog? yes no



## Dog:

name: date of birth: sex:

breed:

for crossbreeds: small middle-size tall

castrated? yes no

anti-rabies inoculation? yes no

other important information:

allergies, diseases, incompatibilities:

any courses like: puppy playtime agility dog dancing dog training

any special training, education (obedience trial e.g.):

commands your dog understands:

- |  |              |          |    |
|--|--------------|----------|----|
| 1. Is your dog fearful?  | yes, a lot   | a little | no |
| 2. Is it interested in toys?   | yes, a lot   | a little | no |
| 3. Does it retrieve toys <b>reliably</b> ?                                   | yes          |          | no |
| 4. Does it retrieve toys also in the flat?                                   | yes          |          | no |
| 5. Does it bring toys on command,<br>even if they were not thrown before?    | yes          |          | no |
| 6. Is it keen on food?   | yes, a lot   | a little | no |
| 7. Does it like "Frolic"?  | yes          |          | no |
| 8. Is it compatible with other dogs?   | yes, indeed: |          | no |
| 9. May your dog have direct contact<br>with other dogs while staying with us | yes          |          | no |