

# Camp K9 @ TCOTC

## Beginner Skills Assessment

Handler Name \_\_\_\_\_

Dog's Name \_\_\_\_\_

Does your dog have a marker sound or word (e.g., clicker, "boop," "yes!") \_\_\_ Yes \_\_\_ No

What side do you want to train your dog to walk on? \_\_\_ Left \_\_\_ Right

Do you have a release word (e.g., "free", "release", "break")? \_\_\_ Yes \_\_\_ No

## Skills

	Knows	Teach	Different word?
Sit			
Down			
Stay			
Mat			
Recall			
Loose Leash Walking			
Impulse Control			
Release Word			