



Client and Canine Information

How did you hear about us: _____

Your Name: _____

Phone (Primary): _____

(Mobile/Work): _____

Email: _____

Address: _____

City _____ Zip _____

Dog Name: _____ Breed _____

Color: _____ Age: _____ Sex _____ Intact,

Neutered or Spayed? _____ How old was your dog when he/she was altered _____

Vet Name: _____

Please list all health concerns and medications:

Heartworm medication: _____

Flea/Tick medications: _____

Where did you get your dog? _____

Did you choose this breed for a reason? _____

How old was your dog, when you got it? _____

Other pets in the household:

1. Name _____ M/F _____ Age _____ Spayed/Neutered

Breed _____

2. Name _____ M/F _____ Age _____ Spayed/Neutered

Breed _____

3. Name _____ M/F _____ Age _____ Spayed/Neutered

Breed _____

Your Dog's Lifestyle:

My dog spends most of the time: Inside _____ Outside _____

Is your yard fenced? _____

How much & what exercise does your dog get daily?

In a normal week how often will you work/play with your dog? _____

What do you feed your dog? _____ How often? _____

Where is the food kept? _____

Where are toys kept? _____

Where does your dog sleep? _____

Is your dog crate trained? _____ Where is the crate kept? _____

Please list the things your dog likes: Games/Toys: _____

Treats: _____ Activities _____



When did problems begin: _____

Has this dog had any formal training? If yes please explain _____

What type of collar and leash do you use? _____

Please list the things your dog dislikes: _____

Training Goals

What are your goals for your dog: _____

What are the highest priority behaviors you would like us to work on?

Please list former trainers: _____

Check what your dog knows:

Sit _____ Down _____ Stay _____ Recall/Come _____ Other/List _____

Has your dog ever:

Growled at you or family member Y/N

Growled at a friend or stranger Y/N

Bitten or snapped at you or family member Y/N

Bitten or snapped at a friend or stranger Y/N

Urinated on you or family member Y/N

Urinated on friend or stranger Y/N

Guarded his food or treats Y/N

Guarded his toys or sleeping area Y/N

What training methods do you use? _____

How do you correct unwanted behaviors/actions _____

Additional information you want us to know about you and your dog: _____

