



FAMILY DATA

Owner's Last Name _____ First Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Phone # 1 _____ Phone #2 _____ E-mail _____
In which type of neighborhood do you live? City Suburban Rural 10+ Acres
Please list names of family members at home and children's age _____
Referral/ How did you hear about us? _____

PET'S BACKGROUND

Pet's Name _____ Breed _____ Pet's Age _____ Birth date: ____/____/____
Male Neutered -- Female Spay At what age was? _____
Age dog obtained _____ Where did you obtain your pet? Breeder Shelter Friend Other _____
Why did you select this dog? Cute Felt Sorry Companionship Working Rescue Breed Other _____
Is this your first dog? No Yes → If yes, how many other dogs have you owned? _____
Do you currently have other pets in your home? No Yes - What species and age? _____
Were these pets in your household when you acquired this dog? No Yes

Where does your dog primarily live? Inside Outside Where does your pet sleep at night? _____
Is your dog crate trained? No Yes → Do you still use a crate? No Yes → What room is the crate in? _____
Do you have a fenced in yard? No Yes → If yes, is the fence Physical Barrier Invisible/Electronic underground
Does your dog have free access to all areas of your home? No Yes → If yes, when? _____

DIET

What brand of diet do you feed? _____ Dry Moist Raw Human/Table Food → What type? _____
How often daily? Once Twice Three Free Feed Treats → Who feeds the dog? _____
What is your dogs eating style? All day grazer Consumes food in 5-10 minutes or less Very picky Other _____
What (if any) supplements do you give your dog? (list type/dosage) _____

OBEDIENCE TRAINING

Have you trained other dogs? No Yes → Where? _____ → What did you learn? _____
What kind of training have you done with this dog? None Some basics Attended Classes → Where? _____
1) How do you reinforce/correct the dog? Food Praise Toy Other _____
2) Will your dog work without treats/bribes (verbal command alone)? No Yes Sometimes
3) How do you reward your dog? _____

Will your dog willingly? Sit Down Side Stay/Wait Not pull Heel Come Fetch Leave it Take/Give
What does your dog like to work for (what motivates your dog)? Food Ball Stuffed/Squeak Toy Praise Petting No Reward Other _____

PET'S BEHAVIOR/SOCIALIZATION (check all that apply)

Type of collar/leash used? Flat Buckle Scruffy Guider Gentle Leader Chain/Prong Electronic Other _____
Does/is your dog? (check all that apply)
House soils Mouthing Pulls on the leash Chews Digs Unruly Barks Excessively Jumps Up Runs Away Charge the door
Counter Surfer Fearful Shy Growls at People Growls at Dogs Chases Cats Other _____
Is your dog possessive of? Toys Treats Food Bed Stolen Objects Other _____

Does your dog become aroused/anxious around Men Women Children Dogs Cats Other _____

Do you take your dog to dog parks? No Yes → How often? _____

How often is your dog around dogs outside your household (non-family dogs) and for how long? Never Daily Weekly Occasionally, → _____min/hr

How does your dog react at the Vets office? No Reaction Shaking Dilated pupils Panting Whining/crying Growling/biting None Other: _____

Has your dog?

Ever bitten another dog? No Yes → How many times? _____ How severe? Break Skin Stitches Bruising

Ever bitten a person? No Yes → How many times? _____ How severe? Break Skin Stitches Bruising

Please explain circumstances _____

What do you correct your dog for? _____ How do you correct/punish your dog? _____ Who corrects/punishes the dog? _____

What obedience/behavior problems are we addressing today and when did you first notice the problem?

1) _____ (first noticed) _____

2) _____ (first noticed) _____

3) _____ (first noticed) _____

Are there any specific situations that seem to trigger these behaviors? Please describe! _____

Can the dog be interrupted when engaged in the behavior? No Yes → Describe what you have you done to try to stop the behavior: _____

What does your dog do when you try to stop the behavior? _____

How long is the interval between the behavior stopping and the beginning of the next occurrence? _____

Please describe in detail the last time this problem occurred: _____

EXERCISE

Describe what exercise your dog gets on a daily bases! Be specific! _____

How do you play with your dog? fetch with ball/stick or other toy tough with rope or other chase rough house hide toys for them to find do not play

How long do you engage in playing with your dog each day? none 10mins 30mins 1 hr 2-3 hrs 3+ hrs

Do you take daily walks with your dog? No Yes → How many? _____ How long? _____ Do you run your dog off-leash? Yes No How often? _____

How much time to you devote to training your dog? 5-10min/day 30min/day 30min/wk 1 hr/wk Classes only Private Lessons Only Don't know

What type of training are you interested in after your initial consultation?

Continued Private Lessons Group Classes (buy 10 get 1 free) Boot Camp (dog 2 week in-school training, owner 1 private lesson) None Don't know

How do you feel about your dog at this time? _____

TRAINING GOALS

List specific problem areas you wish us to work on? _____

What is your primary goal for training? _____

What is your secondary goal for training? _____