



FAMILY DATA

Owner's Last Name First Name Date /Trainer
Address City State Zip
Phone # 1 Phone #2 E-mail
In which type of neighborhood do you live?
Please list names of family members at home and children's age
Referral/ How did you hear about us?
What is the name of your Vet facility and the name of your Vet

PET'S BACKGROUND

Pet's Name Breed Pet's Age
Male Neutered Female Spay At what age was?
Age dog obtained Where did you obtain your pet?
Why did you select this dog?
Is this your first dog?
Do you currently have other pets in your home?
Were these pets in your household when you acquired this dog?
Where does your dog primarily live?
Is your dog crate trained?
Do you have a fenced in yard?
Does your dog have free access to all areas of your home?

DIET

What brand of diet do you feed?
How often daily?
What is your dogs eating style?
What (if any) supplements do you give your dog?
What (if any) medications do you give your dog?
Please state why your dog takes these supplements and/or medications.

OBEDIENCE TRAINING

Have you trained other dogs?
What kind of training have you done with this dog?
1) How do you reinforce/correct the dog?
2) Will your dog work without treats/bribes (verbal command alone)?
3) How do you reward your dog?

Will your dog willingly?
What does your dog like to work for (what motivates your dog)?

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

Type of collar/leash used?
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: \_\_\_\_\_

Is your dog presently on medication?  No  Yes – If Yes – What medication & why \_\_\_\_\_

Has your dog ever bitten another dog? No Yes → How many times? \_\_\_\_\_ How severe? Break Skin Stitches Bruising

Has your dog 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?

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 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 tug 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? 5-15min/day 15-30min/day 30min/wk 1 hr/wk Classes only Private Lessons Only Don't know

What type of training are you interested in?

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? \_\_\_\_\_