



**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? City Suburban Rural 10+ Acres  
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 \_\_\_\_\_ 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 no, 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 dog's 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) \_\_\_\_\_  
What (if any) **medications** do you give your dog? (list type/dosage) \_\_\_\_\_  
Please state why your dog takes these supplements and/or medications. \_\_\_\_\_

**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: \_\_\_\_\_

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) 2 Week Board N' Train (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? \_\_\_\_\_