



CLIENT INFORMATION FORM

Today's Date ____ / ____ / ____

Please answer the questions as thoroughly as possible. This form and the assessment fee should be received at least 48 hours before your assessment appointment. All answers are confidential and will help us to serve you and your dog better.

Client's Name : _____

Address: _____

Street Name and Number

City _____ State _____ Zip _____

Best phone number to reach you: _____

Best time to reach you: _____

Email address: _____

Do you live in a: House Townhome Apartment Other _____

Do you have a fenced yard? Yes No Invisible fence? Yes No

Dog's Name: _____

Breed/Mix: _____ D.O.B. or Age _____

Male Female

Intact Neutered Spayed If spayed/neutered, at what age? _____

How did you hear about us?

Veterinarian Former client Internet Rescue/Shelter Pet-related business

Other: _____

Name of referring individual or organization: _____

Training Goal:

Describe the goal(s) you have for you and your dog through training. _____

History:

Where did you obtain your dog? Breeder Individual Shelter Rescue Group Pet Store

Friend/Relative Other: _____

How long have you had your dog? _____ Were there previous owners? Yes No

If yes, do you know why the dog was given up? Briefly explain.

Briefly explain any history you have on your dog prior to you obtaining him or her.

Medical:

Veterinarian's Name : _____ Phone number: _____

Month/Year of last visit : _____ / _____ Reason: _____

Date last vaccinated: _____ / _____ Vaccine(s) given: _____

Current health problems/Medications: _____

Past medical conditions/Treatment: _____

Allergies, including food allergies: _____

Is your dog easily handled by the vet staff? Yes No Has he/she ever had to be muzzled? Yes No

Is your dog on heartworm preventative? Yes No Brand _____

Is your dog on flea and/ or tick preventative? Yes No Brand _____

May we contact and discuss health and behavioral issues with your veterinarian? _____

If yes, please initial here _____

Diet and Elimination:

What type of food do you feed? _____

How often? _____ How much? _____ At approximately what times? _____

Does your dog finish all food at meals? Yes No If not, how long is the food left down? _____

Does your dog receive other treats/chewies? Yes No Frequency/type: _____

List three of your dog's favorite foods/treats: _____

Has your dog ever become possessive of his food or a treat? Yes No Please describe: _____

Is your dog reliably housetrained? Yes Mostly (infrequent accidents) No

Is your dog crate trained? Yes No Paper/pad trained? Yes No

Do you have a dog door? Yes No If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? _____ How many times per day does your dog normally defecate? _____

Exercise:

What type of exercise does your dog get? (If not receiving any exercise at this time, note "none" and the reason.)

How long does the exercise last/how often is it provided? (For example, "a 15-minute walk three times daily," or "plays with neighbor's dog for an hour once a week.") _____

Who is normally responsible for exercising your dog? _____

If walks are provided, what type of collar and leash is being used? (Collar examples may include a "regular buckle collar," "head halter," "body harness," "pinch/prong collar," "choke chain." Leash examples may include "6-foot nylon leash," "retractable leash.") _____

Does your dog ever become reactive toward other dogs or people on walks? Yes No

If yes, please describe: _____

Relationships:

List all people, including yourself, who live in your household:

Name	Gender	Age (of children)	Relationship to you

Who will be responsible for practicing training exercises with the dog? _____

Does your dog “belong to” a particular household member (e.g., son) or everyone? _____

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and if so, why? _____

Is the dog frightened of any household members, and if so, why? _____

Additional information:

Where is your dog kept when you are not at home? Indoors not confined Indoors confined in a crate
 Indoors confined to a specific room or space Indoors not confined with access to a doggy door to outside
 In yard not confined In yard confined to dog run In yard tied out or chained
 Other: _____

When you are at home, is your dog allowed in the house? Yes No

If your dog is not allowed indoors at all, why not? Allergies Cleanliness Not potty trained We prefer it
 Destructive Other: _____

If your dog is an outdoor dog, would you like him to eventually be able to be indoors? Yes No

When indoors, is your dog ever confined (crated, penned) while you are home? Yes No
How and why? _____

How long is your dog confined on an average day? _____ Reason: _____

Where does your dog sleep at night? _____

How many hours per day, on average, is your pet without human companionship? _____

Do you have other pets? Yes No If so, what kind, breed, age, sex, spayed/neutered?

If your other pet is a dog or cat, how does your dog get along with the other pet?

Does your dog play with toys or play games? Yes No If so, what are his favorite toys/games? (These may be interactive games like tug, or toys he plays with alone.) _____

What other activities does your dog enjoy? _____

Training:

- No training yet Trained him ourselves Puppy Class Basic Manners Class Intermediate Class
 Advanced Class Private Lessons Sent to trainer for board and train

If you attended a class, did you complete the entire course? Yes No If no, why not? _____

List organization name and/or trainer's name: _____

Describe the training methods that were used and/or that you currently use: _____

Circle the behaviors your dog knows. Then, next to each, estimate what percentage of the time he will do so when asked:
Sit _____ Down _____ Stay _____ Come _____ Walk nicely on leash _____ Leave it _____
Drop it _____ Wait _____ Go to your place _____ Quiet _____ Off (furniture or when jumps up) _____

List any other behaviors you dog knows, including tricks: _____

Check the behaviors that apply to your dog:

- | | | | |
|---|--|--|--|
| <input type="radio"/> Aggressive | <input type="radio"/> Fearful | <input type="radio"/> Anxious when alone | <input type="radio"/> Jumps on people |
| <input type="radio"/> Pulls on leash | <input type="radio"/> Destructive when alone | <input type="radio"/> Mouthing/nipping | <input type="radio"/> Chews furniture/property |
| <input type="radio"/> Digs in yard | <input type="radio"/> Urinates in house | <input type="radio"/> Urinates when excited | <input type="radio"/> Defecates in house |
| <input type="radio"/> Steals food/objects | <input type="radio"/> Darts out doors/gates | <input type="radio"/> Escapes from yard | <input type="radio"/> Guards food/resources |
| <input type="radio"/> Jumps on furniture | <input type="radio"/> Stool consumption | <input type="radio"/> Excessive attention-seeking | |
| <input type="radio"/> Excessive vocalization when alone | | <input type="radio"/> Excessive vocalization when you are home | |
| <input type="radio"/> Threatening/growling/biting at family members | | <input type="radio"/> Threatening/growling/biting at strangers | |
| <input type="radio"/> Threatening/growling/biting at other animals | | | |

List any additional behaviors you dog has displayed that you are concerned about: _____

Has your dog ever bitten a person? Yes No Any animal? Yes No
If so, please describe: _____

Was medical attention necessary (for humans or animals) because of any aggressive incident? Yes No
If yes, please explain: _____

