



CANINE TRAINING TEAM CLIENT INFORMATION FORM

Today's Date ____ / ____ / ____

Owner's Name _____

Dog's Name _____

Address _____

Breed/Mix _____ Age _____

City _____ State _____ Zip _____

Weight _____ Color/unique markings _____

Home Phone _____ Cell Phone _____

Male Female Intact Neutered Spayed

Email _____

House Townhome Apartment Other _____

Fenced yard? Yes No/ Invisible fence? Yes No

How did you hear about us?

Veterinarian Former client Internet Advertisement Breeder Rescue/Shelter
Pet-related business Other: _____

Where did you obtain your dog? Breeder Individual Shelter Rescue Group Pet Store
Friend/Relative Found stray Other: _____

How long have you had your dog? _____ Were there previous owners? _____ If yes, why was the dog given up? _____

Why did you get your dog? _____

ENVIRONMENT/LIFESTYLE:

Where is your dog kept when you are not at home? Indoors not confined Indoors confined In yard not confined
In yard confined to dog run In yard tied out or chained Other: _____

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

Where does your dog sleep at night? _____ In a crate? Yes No

Do you have other pets? Yes No What kind, breed, age, sex, neutered? _____

How does your dog get along with the other pet? _____

MEDICAL:

Veterinarian's Name _____ City _____

Current health problems/Medications _____

Past medical conditions/Treatment _____

Does your dog have any 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

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? (e.g., raw, dry kibble, canned) _____
How often? _____ How much? _____ At approximately what times? _____
Does your dog finish all food at meals? Yes No
Does your dog receive other treats/chewies? Yes No Frequency/type: _____
Please list 3 of your dog's favorite foods/treats: _____
Has your dog ever become possessive of his food or a treat? Yes No Please describe in as much detail as possible: _____

Is your dog reliably housetrained? Yes No
Is your dog crate trained? Yes No
Paper/pad trained? Yes No
Do you have a dog door? Yes No

EXERCISE:

What type of exercise does your dog get?

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.") _____
If walks are provided, what type of collar and leash is being used?

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

TRAINING:

No training yet Trained him ourselves Puppy Group Basic Group Inter. Group Advanced Group
Private Lessons Sent to trainer If group class, did you complete the course? Yes No

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? _____

Sit _____ Down _____ Stay _____ Come _____ Walk nicely on leash _____ Leave it _____
Give _____ Wait _____ Go to your place _____ Quiet _____ Off (furniture or when jumps up) _____
Others (including tricks): _____

Check the behaviors that apply to your dog:

- | | | |
|-----------------------------------|--------------------------------|---------------------------------------|
| Aggressive (describe below) | Fearful (describe: _____) | Anxious when alone |
| Jumps on people | Pulls on leash | Destructive when alone |
| Mouthing/nipping | Chews furniture/property | Digs in yard |
| Urinates in house | Urinates when excited | Defecates in house |
| Steals food/objects/trash | Darts outdoors/gates | Escapes from yard |
| Guards food/toys/chewies/other | Excessive attention-seeking | Jumps on furniture |
| Play biting | Stool consumption | Understands but will not obey |
| Excessive vocalization when alone | Excessive voc. when we're home | Other (describe: _____) |
| Threatening/biting family members | Threatening/biting strangers | Threatening/growling at other animals |

Please describe your main behavior concerns :

Thank you for taking the time to complete this form. Your answers will allow us to serve you better.