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| **Client Information** | | | | |
| Client Name | |  | Date |  |
| Street Address | |  | Home Phone |  |
| City & ZIP | |  | Work/Cell Phone |  |
| Email | |  |  |  |
| Describe the social layout of the family, e.g., children, other adults (if children, please include age) | | | | |
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| Occupation(s) | |  | Referred By |  |

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| **Pet General Information** | | | | | | |
| Name |  | | Birthday |  | Age |  |
| Breed/Type |  | | Color |  | Sex | Male  Female |
| Vet Clinic |  | | City |  | Status | Intact  Neutered  Spayed |
| Age Pet Obtained |  | | Cost of Pet |  |
| Where was the pet acquired from? | |  | | | | |

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| **Pet Behaviors & Details** | | | |
| **Please choose the most appropriate for your dog** | | | |
| Chews  Aggressive to dogs  Aggressive to people  Bites over food/toys  Growls at dogs  Shy of dogs  Has bitten people | Destructive  Soils in home  Licking  Bites viciously  Growls at people  Shy of people  Has bitten dogs | Digs  Jumps on people  Runs away  Mouths at hands/clothes  Fights with dogs  Goes to dog park | Does not obey  Unruly  Vocal/Barks  Puppy mouthiness  Boisterous to people  Submissive wetting |

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| Please describe any other issue(s) you are having, or provide further explanation of issue(s): | | | | | | | | | | | | | | | | | | | | |
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| Cause of problem, if known: | | | | | |  | | | | | | | | | | | | | | |
| When did the problem(s) start? | | | | | | |  | | | | | | | | | | | | | |
| Have you reacted to the problem? | | | | | | | | Yes  No | | Reaction of pet: | | | | |  | | | | | |
| Are there other pets in the home? | | | | | | | | Yes  No | |  | | | | | | | | | | |
| If Yes, please list the other pets and provide details on the interactions: | | | | | | | | | | | | | |  | | | | | | |
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| Please note any challenges you’d like us to be aware of: | | | | | | | | | | | | | | | | | | | | |
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| Housetraining method: | | | | |  | | | | | | | | | | | | | | | |
| Other training: | | |  | | | | | | | | | | | | | | | | | |
| Training schools: | | |  | | | | | | | | | | | | | | | | | |
| Is the entire household involved in the care, feeding and exercising of the dog? | | | | | | | | | | | | | | | | Yes  No | | | | |
| Where does the pet sleep – daytime: | | | | | | | | |  | | | | | – at night: | | | |  | | |
| Diet (Brand) of food: | | | |  | | | | | | Is food left out all the time for your dog? | | | | | | | | | Yes  No | |
| What are your expectations for your dog? | | | | | | | | | | | | | | | | | | | | |
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| How long do you think it will take to achieve these expectations? | | | | | | | | | | | | |  | | | | | | | |
| **Please choose the type(s) of confinement system(s) used** | | | | | | | | | | | | | | | | | | | | |
| Chain-Link Fence  Electric Fence | | | | | | Privacy Fence  Dog Run | | | | Picket Fence  Leash Walked | | | | | | | Tie-Out  Allowed to be Outside Free | | | |
| **Please check if you have used any of the below** | | | | | | | | | | | | | | | | | | | | |
| Remote Electronic Collar  Pinch Collar | | | | | | | | | Electronic Bark Collar  Muzzle | | | | | | | Choke Chain  Other: | | | | |
| Please list five (5) things your pet loves to do (and you allow): e.g., tricks for treats, chasing a ball, types of toys, petting | | | | | | | | | | | | | | | | | | | |
| 1) | |  | | | | | | | | | 4) |  | | | | | | | |
| 2) | |  | | | | | | | | | 5) |  | | | | | | | |
| 3) | |  | | | | | | | | |  |  | | | | | | | |