



# narnia

## Pet Behavior & Training

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Owner's Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Family Data M S D W Children/ages \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Referred by \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Breed/Type \_\_\_\_\_ Color \_\_\_\_\_ Sex (circle) Male Neutered Female Spayed

Vet Clinic \_\_\_\_\_ City \_\_\_\_\_

Age Pet Obtained \_\_\_\_\_ Cost of Pet \_\_\_\_\_

Where was the pet acquired from? \_\_\_\_\_

Is the entire family involved in the care, feeding, exercising, etc. of the pet? \_\_\_\_\_

**Please pick the most appropriate for your dog** (circle)

- |                            |                                    |                                    |               |
|----------------------------|------------------------------------|------------------------------------|---------------|
| Chews                      | Destructive                        | Digs                               | Does Not Obey |
| Aggressive Toward Dogs     | Housesoils                         | Jumps Up                           | Unruly        |
| Aggressive Toward People   | Licking                            | Runs Away                          | Vocal/Barks   |
| Bites over Food/Toys       | Bites Viciously                    | Submissive Wetting                 |               |
| Puppy Mouthiness           | Growls at other Dogs               | Boisterous towards Visitors/People |               |
| Microchipped               | Fights with other Dogs             | Growls at People                   | Scratches     |
| Shy/Apprehensive of Dogs   | Goes to Dog Park                   | Has Bitten (circle) People or Dogs |               |
| Shy/Apprehensive of People | Bites/Mouths at Hands/Clothes/Feet |                                    |               |

please complete side 2.....=>

Please feel free to further explain any of the problems you are having: \_\_\_\_\_

Other problems you are having with your pet \_\_\_\_\_

Cause of problem, if known \_\_\_\_\_

When did these problems start? \_\_\_\_\_

Corrections to Date \_\_\_\_\_

Reaction of Pet \_\_\_\_\_

Please list any physical problems you or your pet may have \_\_\_\_\_

Housetraining method \_\_\_\_\_

Other Training \_\_\_\_\_ Training Schools \_\_\_\_\_

Where Pet Sleeps: At Night \_\_\_\_\_ Daytime \_\_\_\_\_ Play Periods \_\_\_\_\_

Diet (Brand) \_\_\_\_\_ Daily Feedings 1 2 3 Self-Feed Quantity \_\_\_\_\_

Other Pets \_\_\_\_\_ If dog (circle) Male Female Age/Breed \_\_\_\_\_

Interactions \_\_\_\_\_

**Type of Confinement System** (circle):

Chain-Link Fence Privacy Fence Picket Fence Electric Fence Dog Run

Leash Walked Not Allowed Out Allowed to be Outside Free Tie-Out

**Other Types of Training Devices** (circle):

Remote Electronic Collar Electronic Bark Collar Choke Chain

Pinch Collar Use of a Muzzle If other, explain \_\_\_\_\_

Please list 5 things your pet loves to do (and you allow)

i.e. Tricks for treats, chasing a ball, types of toys, being loved on

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_