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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** [x]  |
| [ ]  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? |
|  |
| How long do you think it will take to achieve these expectations? |  |
| **Please choose the type(s) of confinement system(s) used** [x]  |
| [ ]  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** [x]  |
| [ ]  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) |  |  |  |