

K9P wfaction

CLIENT INFORMATION FORM

IMPORTANT: PLEASE ANSWER THE QUESTIONS THAT FOLLOW AS THOROUGHLY AND HONESTLY AS POSSIBLE. THIS FORM SHOULD BE RECEIVED AT LEAST A WEEK BEFORE THE TRAINING APPOINTMENT. REST ASSURED THAT ALL INFORMATION ANSWERED THEREIN ARE CONFIDENTIAL AND WILL HELP US TO SERVE YOU BETTER.

CLIENT INFORMATION				DOG DETAILS					
Owner's Name				Dog's Name					
Address:				Breed/Mix		DOB or Age			
City:		State		Zip		Weight		Color/unique markings	
Home Phone		Work Phone		Male	Female	Intact	Neutered	Spayed	
Cellphone		Occupation		If spayed/neutered, at what age?					
Email				If spayed/neutered due to behavioural problem, explain					
Hosue	Townhome	Apartment	Other	Fenced yard? Yes No			Invisible Fence? Yes No		

How did you hear about us (check applicable)?					
Veterinarian	Former Client	Internet	Advertisement	Breeder	Rescue/Shelter
Pet-related business		Other (Big Dog Ranch, Happy Tails)			
Name of referring individual, organization or publication:					

Where did you obtain your dog?		Breeder	Individual	Shelter	Rescue Group	Pet Store
Friend/Relative	Found Astray	Other				
How long have you had your dog?			Where the previous owners?			
If yes, Why the dog was given up?						
Type of ID	Microchip	Rabies/License Tag	Name Tag	Tattoo	Other	

Why did you get your Dog? Please check all that apply				
Companionship	For the Kids	For Protection	To Breed	Received as Gift
Sports/Work (eg. Competition obedience, agility, hunting):				
Assistance/Service Dog/Therapy dog/Emotional Support Dog:				
Companion for the dog		Other		
Have you owned other dogs in the past? (yes/no)		If yes, what breed?		
List any physical breed characteristics that contributed to your choice for your current dog:				
Medical Information				

Veterinarian's Name:		City			
Month/Year of Last Visit:	Date Last Vaccinated	Vaccine(s) Given			
Reason of Last visit:					
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

Diet and Elimination					
What type of food do you feed? (e.g., raw, dry kibble, canned)					
How often?	How Much?			At approximately what time?	
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:				
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	Mostly (infrequent accidents)			No
Is your dog crate trained?	Yes	No	Paper/pad trained?	Yes	No
Do you have a dog door?	Yes	No	How many times per day does your dog normally defecate?		
If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home?					

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: "regular buckle collar," "head halter," "body harness," "pinch/prong collar," "choke chain." Leash examples: "6-foot nylon leash," "retractable leash.")					
Does your dog ever become reactive toward other dogs or people on walks? (Yes/No), if so, please describe:					

ENVIRONMENT/LIFESTYLE

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 (eg. Son) or everyone?			
Does any household members dislike the dog, and if so, why?			
Are any household members frightened of the dog, if so, why?			
Is the dog frightened of any household members, and if so, why?			

Where is your dog kept when you are not at home?
When you are at home, is your dog allowed in the house? (yes/no)
If your dog is an outdoor dog, would you like him to eventually be able to be indoors? (yes/no)
If indoors, is your dog ever confined (crated, penned) while you are home? (yes/no) How?
If so, how long is your dog confined on an average day?
Reason?
Where does your dog sleep at night?
How many hours per day is your pet without human companionship?
Do you have other pets? (yes/no)
If so, what kind, breed, age, sex, neutered?

Three things I like about my dog	Three things that I do not like about by dog

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	Personally trained	Puppy group	Basic group	Inter, group	Advanced
Private Lessons	Sent to trainer	If group class, did your dog completed the course? (yes/no)			

Training methods used (check all that apply)	Food Treats	Praise	Verbal Corrections	Physical Corrections
List organization name and/or trainer's name:				

Check 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 lease	Leave it
Give	Wait	Go to your place	Quite	Off (furniture or jumps up)	
Others (including tricks):					

Behavior		
Check the behavior that apply to your dog:		
Aggressive (describe below)	Fearful (describe below)	Anxious when alone
Jumps on people	Pulls on lease	Destructive when alone
Mouthing/nipping	Chews furniture/property	Digs on yard
Urinates in the house	Urinates when excited	Defecates in house
Steals food/object/trash	Darts out doors/gates	Escape from yard
Guards good/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 below)
Threating biting family members	Threating/biting strangers	Threatening /growling at other animals
Describe:		

Has your dog ever bitten anyone? (yes/no)
Any animal? (yes/no)
If so, please describe in as much detail as possible
Has medical attention has been necessary (for humans or animals) because of any aggressive incident? (yes/no)
If yes, please explain
What is your dog usual reaction when a person he has not met before enters the home?
When was the last time a person unfamiliar to your dog entered the home?
Is there anything else you feel it would be important for us to know?

**Thank you for filling out this form. The information you provided helps us to serve your better and allows us to start training off the bat without going through all these questions.
We are Looking forward to meeting you and your dog!**