



Dog Training Client - Intake Form

Client Name(s) _____ Dog Name _____
Address _____ City _____ State _____ Zip _____
Ph _____ Email _____ Circle preferred contact method: Ph / Text / Email

Dog's Breed _____ Weight _____ Age _____ Gender _____ Spayed/Neutered? _____
Primary vet clinic _____ Any past/current medical issues, allergies, concerns? Y / N
If yes, describe _____

List & describe any other animals in the household: _____

List all human members in household:

Name	Gender	Age (of children)	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When did you obtain your dog? _____ Where did you obtain? _____
Housebroken? _____ Crate trained? _____ Percent time indoors/outdoors? _____
Where does your pup sleep? _____ Where are they kept when you're away? _____
Do you use a shock collar, choke collar, electric/invisible fence? If yes, list: _____

If your pup is a rescue/adoption, describe what you know about his/her history prior to you: _____

Describe any previous training your pup has had and the organization/trainer's name: _____

Training methods used @ home (circle all that apply) Treats Praise Verbal Corrections Physical Corrections
Has your dog ever bitten a person or animal, or vice versa? If yes, describe _____

Describe 3 things your dog does that you wish they wouldn't do:

1. _____
2. _____
3. _____

Describe 3 things your dog doesn't do that you wish they would:

1. _____
2. _____
3. _____

Does your dog exhibit any of the following (check any/all that apply):

- Jumps on people
- Mouthing/nipping
- Potties in home
- Steals food/trash/objects
- Excessive vocalization
- Chews items
- Play biting
- Digs in yard
- Fearful (describe below)
- Urinates when excited
- Darts/escapes doors/gates
- Anxious when alone
- Destructive when alone
- Digs in yard
- Shows undesirable behaviors.
Describe: _____
- Doesn't obey
- Threatens/bites family
- Threatens/bites strangers
- Threatens/growls at animals
- Reactive/aggressive on leash
- Issue with certain genders or types of people. Describe:

Reason for consultation & additional notes: _____

