CLIENT INFORMATION FORM

Today's Date _____ / _____ / _____

Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help me to serve you better.

_____
Owner's Name

_____
Address

_____
City State Zip

_____
Home Phone Work Phone

_____
Cell Phone Occupation

_____
Email

O House O Townhome O Apartment O Other _____

_____
Dog's Name

_____ _____
Breed/Mix D.O.B. or Age

_____ _____
Weight Color/unique markings

O Male O Female O Intact O Neutered O Spayed

_____
If spayed/neutered, at what age?

_____
If spayed/neutered due to a behavioral problem, explain.

Fenced yard? O Yes O No Invisible fence? O Yes O No

How did you hear about us?

___ Veterinarian ___ Former client ___ Internet ___ Advertisement ___ Breeder ___ Rescue/Shelter
___ Pet-related business ___ Other: _____
Name of referring individual, organization or publication: _____

Where did you obtain your dog? O Breeder O Individual O Shelter O Rescue Group O Pet Store
O Friend/Relative O Found stray O Other: _____
How long have you had your dog? _____ Were there previous owners? _____ If yes, why was the dog given up? _____
Type of ID O Microchip O Rabies/License Tag O Name Tag O Tattoo O 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 (e.g., competition obedience, agility, hunting): _____
____ Assistance/Service dog/Therapy dog/Emotional Support dog: _____
____ Companion for other dog ___ Other: _____

Have you owned other dogs in the past? _____ If yes, what breed? _____

List any physical/breed characteristics that contributed to your choice for your current dog:
_____

MEDICAL:

Veterinarian's Name _____ City_____
Month/Year of last visit _____ / _____ Reason _____
_____Date last vaccinated: _____ / _____ Vaccine(s) given: _____

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? O Yes O No Has he/she ever had to be muzzled? O Yes O No
Is your dog on heartworm preventative? O Yes O No Brand _____
Is your dog on flea and/ or tick preventative? O Yes O No Brand _____

May we contact and discuss health and behavioral issues with your veterinarian? _____

If yes, please initial here _____

DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned) _____
How often?_____ How much? _____ At approximately what times? _____
Does your dog finish all food at meals? O Yes O No If not, how long is the food left down? _____
Does your dog receive other treats/chewies? O Yes O 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? O Yes O No Please describe in as much detail as possible:
_____

Is your dog reliably housetrained? O Yes O Mostly (infrequent accidents) O No
Is your dog crate trained? O Yes O No Paper/pad trained? O Yes O No Litter box trained? O Yes O No
Do you have a dog door? O Yes O No If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? _____ How many times per day does your dog normally defecate? _____

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? O Yes O 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 (e.g., son) or everyone? _____

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and 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? O Indoors not confined O Indoors confined: _____
O In yard not confined O In yard confined to dog run O In yard tied out or chained O Other: _____

When you are at home, is your dog allowed in the house? O Yes O No

If your dog is not allowed indoors at all, why not? O Allergies O Cleanliness O Not potty trained O We prefer it
O Destructive O Other: _____

If your dog is an outdoor dog, would you like him to eventually be able to be indoors? O Yes O No

If indoors, is your dog ever confined (crated, penned) while you are home? O Yes O No How? _____
If so, how long is your dog confined on an average day? _____ Reason: _____

Where does your dog sleep at night? _____ In a crate? O Yes O No

How many hours per day is your pet without human companionship? _____

Do you have other pets? O Yes O No If so, what kind, breed, age, sex, neutered? _____

Three things I like about my dog:	Three things I do not like about my 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? O Yes O 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:

O No training yet O Trained him ourselves O Puppy Group O Basic Group O Inter. Group O Advanced Group

O Private Lessons O Sent to trainer If group class, did you complete the course? O Yes O No

Training methods used (check all that apply): O Food treats O Praise O Verbal corrections O Physical corrections

List organization name and/or trainer's name: _____

Circle 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 leash _____ Leave it _____

Give _____ Wait _____ Go to your place _____ Quiet _____ Off (furniture or when jumps up) _____

Others (including tricks): _____

Check the behaviors that apply to your dog:

O Aggressive (describe below)	O Fearful (describe below)	O Anxious when alone
O Jumps on people	O Pulls on leash	O Destructive when alone
O Mouthing/nipping	O Chews furniture/property	O Digs in yard
O Urinates in house	O Urinates when excited	O Defecates in house
O Steals food/objects/trash	O Darts out doors/gates	O Escapes from yard
O Guards food/toys/chewies/other	O Excessive attention-seeking	O Jumps on furniture
O Play biting	O Stool consumption	O Understands but will not obey
O Excessive vocalization when alone	O Excessive voc. when we're home	O Other (describe below)
O Threatening/biting family members	O Threatening/biting strangers	O Threatening/growling at other animals

_____

_____

_____

List any procedures/training equipment you've used to try to correct the behaviors checked on the previous page:

_____

_____

_____

What would you like help with, in order of importance?

_____

_____

_____

_____

Has your dog ever bitten anyone? O Yes O No Any animal? O Yes O No

If so, please describe in as much detail as possible: _____

_____

_____

Has medical attention been necessary (for humans or animals) because of any aggressive incident? O Yes O No

If yes, please explain: _____

_____

What is your dog's 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 me to know?

_____

_____

_____

Thank you for taking the time to complete this form. Your answers will allow me to serve you better. I look forward to meeting with you and your dog.