



PET PROFILE

Pet Parent Name(s):

Date:

Address:

City:

State:

Zip:

Home phone number:

Cell phone number:

Other phone number:

Email:

Best form of contact (please check one):

Call home phone

Call cell phone

Text

Email

Veterinary Clinic:

How did you hear about us?

Pet's Name:

Breed:

Age/DOB:

Gender:

Neutered/Spayed?

How long have you had your pet?

Where did you get your pet from?

Who lives with you? (include ages if kids)

What other pets do you have?

Have you taken training classes or worked with another trainer/behaviorist with this pet before?

If so, when and where?

HAPPY TAILS
PET TRAINING



Does your dog have any food allergies or sensitivities? If so, please list.

Do you feed your dog on a schedule, or free-feed?

What kind of exercise (mental and physical) does your dog get each day on average and for how long?

Does your dog have any current or prior health issues? If so, please list

Please check any of the behaviors your pet displays:

- | | | | | |
|---|---|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Jumping | <input type="checkbox"/> Barking | <input type="checkbox"/> Over Excited | <input type="checkbox"/> Shy | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Counter Surfing | <input type="checkbox"/> Begging | <input type="checkbox"/> Excited Urination | <input type="checkbox"/> Growling | <input type="checkbox"/> Guards Food |
| <input type="checkbox"/> Guards People | <input type="checkbox"/> Guards Toys | <input type="checkbox"/> Submissive Urination | <input type="checkbox"/> Mouthy | <input type="checkbox"/> Lifts Jowls |
| <input type="checkbox"/> Leash Pulling | <input type="checkbox"/> Door Dashing | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Licking | <input type="checkbox"/> Chewing |
| <input type="checkbox"/> Play Biting | <input type="checkbox"/> Aggression to Dogs | <input type="checkbox"/> Aggression to People | <input type="checkbox"/> Separation Anxiety | |
| <input type="checkbox"/> Fear of People | <input type="checkbox"/> Fear of Noises | | | |
| <input type="checkbox"/> Other | | | | |

If other, please list:

Check other behaviors/training you would like to work on:

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Crate Training | <input type="checkbox"/> Potty Training | <input type="checkbox"/> Socializing | <input type="checkbox"/> Canine Good Citizen |
| <input type="checkbox"/> Hunt Training | <input type="checkbox"/> Other | | |

If other, please list:

Is your dog crate trained?

List what cues/commands your pet knows/uses **inside**:

List what cues/commands your pet knows/uses **outside**:
