



# Dog Training Intake Form



Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## BASIC INFORMATION

► Primary Dog(s) of Concern— Provide Dog's Name, Breed, Sex, Weight and Age:

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► How long have you owned ☐ or fostered ☐ this dog(s)? \_\_\_\_\_

► List any *other dogs* in the House (Provide Dog's Name, Breed, Sex, Weight and Age):

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► List any other relevant pets (cats, birds, etc.): \_\_\_\_\_

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► List any known medical conditions, physical injuries, or current limitations for the primary dog(s):

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► List any medications that the primary dog(s) currently take: \_\_\_\_\_

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► Are rabies vaccinations current? Y ☐ N ☐ Are the dogs Neutered/Spayed? Y ☐ N ☐

► Was the dog neutered/spayed *because of* a behavior problem? Y ☐ N ☐ If yes, please describe:

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► Where does your dog sleep at night? \_\_\_\_\_

► Is your dog crate-trained? Y ☐ N ☐

► How long do you crate the dog during *daylight* hours? \_\_\_\_\_ hrs.

► Describe what type and how often your dog gets exercise: \_\_\_\_\_

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## BEHAVIOR PROBLEMS

	YES	NO	N/A
<b>Does your dog...</b>			
1. have issues with house-soiling / marking indoors?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. exhibit submissive or excitement urination?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. chew furniture or other “forbidden” items?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. steal items such as shoes, socks, food off the countertop, etc?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. have any possessive, obsessive, or OCD behaviors?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. get excited/jealous when you give attention to another dog/person?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. display guarding / aggression around food or food bowls?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. display guarding / aggression with bones, chewies, or rawhides?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. display guarding / aggression with toys or similar items?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. have issues with people or animals behind your fence?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. become “grumpy” when woken up or disturbed while resting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. follow you (or anyone else) from room to room?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. frequently engage in attention-seeking behaviors?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. have any problems when left alone?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. have any problems being crated?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. have difficulty listening to you, such as dropping or leaving items, coming when called, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. lay on you, lay in front of you, or sit on / step on your feet?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. lean its shoulder, body, rear-end, or tail against your lower leg?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. prefer to hide under or behind items like chairs or tables?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. have any issues with being touched (rear-end, paws, ears, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. have any issues being handled (picked up, hugged, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. bite or use its mouth on humans when challenged?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. jump up on you or on guests?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. get “mouthy” with people when excited, bored, or playing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. mark (pee) frequently during walks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. frequently pull on leash?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. weave, cut in front, or exhibit erratic behavior on walks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. kick up grass/dirt after pooping or peeing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. react poorly to other dogs or distractions on leashed walks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is your dog tense, nervous, skittish, anxious, or fearful?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following 8 questions, please indicate whether or not your dog currently has or has had any significant behavioral issues with the following types of people and animals. “Significant” here would include incessant barking, growling, tensing up, snapping, charging/lunging, snarling, “hard” stares, biting, killing, or fleeing/hiding from the types of people / animals listed below.

	YES	NO	N/A
31. Children / toddlers / babies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Family members / roommates.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Primary owner(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Friends or guests in the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Friends or strangers off-property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Other dogs in the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Other non-resident dogs or dogs off-property...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Other animals (cats, birds, rabbits, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of the **38 questions** above, please use the space at the end of this questionnaire to provide further information about the problem behavior(s). You can also include any behavioral issues which your dog exhibits that are not on the list.

Be sure to describe the behaviors in detail, including when the behavior first started/appeared, the circumstances of the incident(s), and the severity / intensity of the issue. If the dog has bitten a person or another animal, please include all relevant specifics. Also include what steps have been taken so far to address, resolve, or manage each of the problem behaviors. If the dog’s history prior to adoption is known (i.e. abuse, neglect, multiple failed adoptions, etc.), you may include this information as well.

When providing details about your dog’s behavior issues below, please remember to include the **question #** with your description. Please do so for each “Yes” response. For example:

**3. Fido chews pillows and the sofa when we are gone. This started 4 months ago after we moved to our new home. We have tried obedience training and yelling at the dog when we come home. This hasn’t worked so far.**

**7. Fido growls anytime someone approaches his food bowl while he eats...**

[illegible]