



New Client & Dog Intake Form

One form per dog. This helps us understand your dog, your goals, and the kind of care that fits your household.

Thank you for trusting High Desert Dog Care. Honest details help us provide safer, more personalized care. There are no "bad" answers.

1. CLIENT INFORMATION

Client name

Phone

Email

Preferred contact

☐ Call ☐ Text ☐ Email

Address

City / ZIP

How did you hear about us?

- ☐ Friend / family ☐ Veterinarian ☐ Groomer
☐ Google / Internet ☐ Flyer / Mailer ☐ Local community
☐ Other

If other, please tell us

2. YOUR DOG

Dog name

Breed / mix

Age / DOB

Approx. weight

Sex

☐ Male ☐ Female

Spayed / neutered

☐ Yes ☐ No

How long has your dog been part of your family?

Where did your dog come from?

- ☐ Breeder ☐ Shelter / rescue ☐ Previous owner
☐ Found / stray ☐ Other

Other / details

How would you describe your dog?

- ☐ Friendly ☐ Affectionate ☐ Playful
☐ Energetic ☐ Calm ☐ Independent
☐ Shy ☐ Fearful ☐ Anxious
☐ Protective ☐ Excitable ☐ Sensitive
☐ Curious ☐ Reactive ☐ Loves people
☐ Loves other dogs ☐ Prefers personal space ☐ Stubborn / persistent

Anything else that describes your dog?

Services & Normal Routine

Tell us what you are interested in and what a normal day looks like for your dog.

3. SERVICES YOU ARE INTERESTED IN

- | | | |
|---|---|---|
| ☐ Dog training | ☐ Boarding | ☐ Grooming |
| ☐ Bath / nail care | ☐ Dog walking | ☐ Drop-in visits |
| ☐ Puppy care | ☐ Senior dog care | ☐ Exercise / enrichment |
| ☐ Behavior support | ☐ Regular ongoing care | ☐ Vacation / travel care |
| ☐ Not sure - recommend what fits | | |

4. NORMAL ROUTINE

Where does your dog spend most of the day?

- | | | |
|---|---------------------------------------|--------------------------------------|
| ☐ Loose in the house | ☐ Crate | ☐ Kennel |
| ☐ Fenced yard | ☐ With someone | ☐ Combination |

How long is your dog normally alone?

- | | | |
|------------------------------------|--|--|
| ☐ Rarely | ☐ Less than 2 hours | ☐ 2-4 hours |
| ☐ 4-6 hours | ☐ 6-8 hours | ☐ More than 8 hours |

Where does your dog sleep?

Food / brand

Amount

Feeding times

Normal potty schedule or routine

Normal exercise

- | | | |
|--|---|--|
| ☐ Short walks | ☐ Long walks | ☐ Backyard play |
| ☐ Dog park | ☐ Hiking | ☐ Fetch / toys |
| ☐ Training activities | ☐ Limited exercise | ☐ Other |

Other / details

Anything else about your dog's routine, habits, or schedule that would help us care for them?

Health & Medical Information

Please include anything that could affect handling, exercise, feeding, grooming, or boarding.

5. HEALTH & MEDICAL INFORMATION

Veterinarian / clinic

Phone

Medical conditions?

☐

No

☐

Yes

If yes, please explain

Medication?

☐

No

☐

Yes

Medication / dose / schedule

Allergies?

☐

No

☐

Yes

Allergy details

Food restrictions / sensitivities

Health history - check anything that applies

☐

Seizures

☐

Joint problems

☐

Breathing problems

☐

Digestive problems

☐

Skin problems

☐

Ear problems

☐

Heat sensitivity

☐

Separation anxiety

☐

Other medical concern

Anything else we should know about your dog's health, mobility, pain, or physical limitations?

Behavior & Safety Profile

Complete honesty helps us keep your dog, other animals, and caregivers safe.

Behavior history does not automatically disqualify a dog from service. It helps us choose the safest handling, environment, and plan.

6. BEHAVIOR & SAFETY HISTORY

- | | | |
|--|------------------------------|-----------------------------|
| Growled at a person? | ☐ Yes | ☐ No |
| Snapped at a person? | ☐ Yes | ☐ No |
| Bitten a person? | ☐ Yes | ☐ No |
| Growled at another dog? | ☐ Yes | ☐ No |
| Fought with another dog? | ☐ Yes | ☐ No |
| Guarded food, toys, furniture, or people? | ☐ Yes | ☐ No |
| Escaped a yard, crate, kennel, or leash? | ☐ Yes | ☐ No |
| Strong prey drive toward cats / small animals? | ☐ Yes | ☐ No |
| Severe separation anxiety? | ☐ Yes | ☐ No |

If you answered YES to any item above, please explain what happened, when, and what the trigger seemed to be.

What situations make your dog uncomfortable, nervous, upset, or over-excited?

What helps your dog calm down or feel safe?

Body handling sensitivities? ☐ No ☐ Yes

Social Comfort & Training Goals

This page helps us understand your dog around people and animals, plus any training goals.

7. PEOPLE & OTHER ANIMALS

Check the option that best describes your dog in each situation.

	Great	Usually OK	Unsure	Difficult
Adult men	☐	☐	☐	☐
Adult women	☐	☐	☐	☐
Children	☐	☐	☐	☐
Strangers	☐	☐	☐	☐
Large dogs	☐	☐	☐	☐
Small dogs	☐	☐	☐	☐
Cats	☐	☐	☐	☐
Other pets in household				

8. DOG TRAINING

What would you most like your dog to improve?

☐ Basic obedience	☐ Sit / down / stay	☐ Recall / come
☐ Leash walking	☐ Jumping	☐ Barking
☐ House training	☐ Crate training	☐ Puppy manners
☐ Social skills	☐ Impulse control	☐ Fear / anxiety
☐ Reactivity	☐ Dog-to-dog behavior	☐ Visitors / greetings
☐ Destructive behavior	☐ Other	

What is the biggest problem you are experiencing right now?

If we could improve ONE thing about life with your dog, what would it be?

Worked with a trainer before?

☐ No ☐ Yes

Realistic daily practice time

☐ Need it very simple / convenient	☐ 5-10 minutes
☐ 15-20 minutes	☐ 30+ minutes
☐ I will do what is needed	

Boarding, Pet Care & Grooming

Complete the sections that apply to the services you are considering.

9. BOARDING / PET CARE

Boarded before? ☐ No ☐ Yes How did it go?

Your dog does best with

- | | |
|--|--|
| ☐ Lots of human attention | ☐ Lots of activity |
| ☐ Quiet environment | ☐ Predictable schedule |
| ☐ Other dogs | ☐ Separated from other dogs |
| ☐ Familiar belongings | ☐ Extra reassurance |

Comfortable in crate / kennel?

- ☐ Yes ☐ Sometimes ☐ No ☐ Never tried

Separation anxiety level

- ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Unsure

Anything that would make your dog's stay easier or more comfortable?

10. GROOMING

Services

- | | | |
|---------------------------------------|---|--|
| ☐ Bath | ☐ Brush / de-shed | ☐ Nail trim |
| ☐ Ear cleaning | ☐ Sanitary cleanup | ☐ Regular maintenance |
| ☐ Not sure | | |

How does your dog usually handle grooming?

- | | | |
|---------------------------------------|--|----------------------------------|
| ☐ Loves it | ☐ Calm | ☐ Nervous |
| ☐ Very nervous | ☐ Difficult to handle | ☐ Unknown |

Sensitive about

- | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|-----------------------------------|-------------------------------------|
| ☐ Feet | ☐ Nails | ☐ Ears | ☐ Face | ☐ Tail |
| ☐ Brushing | ☐ Water | ☐ Dryer | ☐ Clippers | ☐ None known |

Other grooming notes, past problems, or handling preferences

What Matters Most to You

These questions help us recommend services that fit your household - not just your dog.

11. YOUR PRIORITIES

Select up to 3 priorities

Choose the THREE things that matter most when deciding who cares for your dog. There is no wrong answer.

- | | |
|---|---|
| ☐ Knowing my dog is with someone I trust | ☐ Individual attention for my dog |
| ☐ Experience and knowledge | ☐ Affordable pricing |
| ☐ Best value for my money | ☐ Convenience |
| ☐ Flexible scheduling | ☐ Saving me time |
| ☐ Reliable availability | ☐ Improving my dog's behavior |
| ☐ My dog's comfort and happiness | ☐ Frequent communication / updates |
| ☐ Consistency - same caregiver when possible | ☐ Several dog-care services in one place |

Which statement is closest to what you want?

- ☐ I want the best care possible for my dog, even if it costs a little more.
- ☐ I want dependable, quality care at a price that makes sense for my budget.
- ☐ My schedule is busy, so convenience and reliability are extremely important.
- ☐ All three are equally important to me.

When making a decision about dog care, what concerns you most?

- | | | |
|---|---|--|
| ☐ Who is caring for my dog | ☐ My dog's comfort and happiness | ☐ Whether the service solves my problem |
| ☐ Cost | ☐ Finding time in my schedule | ☐ Reliability |
| ☐ Safety | ☐ Communication | ☐ Other |

Other concern

12. YOUR IDEAL DOG-CARE EXPERIENCE

What would make you say, "High Desert Dog Care made my life easier"?

What would make you say, "They really understand my dog"?

What would make you become a long-term High Desert Dog Care customer?

Communication, Emergency & Final Notes

Please review this page carefully before signing.

13. COMMUNICATION PREFERENCES

While your dog is in our care, how much communication would you prefer?

- | | |
|---|---|
| ☐ Only if something is needed | ☐ One update |
| ☐ Daily updates | ☐ Regular photos and updates |
| ☐ Lots of pictures are welcome | |

Is there anything you worry about when leaving your dog with someone else?

14. EMERGENCY CONTACT

Emergency contact name

Relationship

Phone

If I cannot be reached during an emergency, I authorize High Desert Dog Care to:

- ☐ Contact my veterinarian
- ☐ Contact my emergency contact
- ☐ Seek appropriate veterinary care if necessary

15. ANYTHING ELSE?

What is something about your dog that we would not know unless you told us?

What does your dog absolutely LOVE?

What does your dog absolutely HATE?

Anything else you would like High Desert Dog Care to know?

CLIENT ACKNOWLEDGMENT

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that complete and honest information regarding my dog's health, behavior, and history is important for the safety of my dog, other animals, and caregivers.

Client name

Date

Typed signature / initials