EDUCATED K9 DOG TRAINING AND BOARDING

Client Questionnaire

OWNER INFORMATION:

- Name: _____

- Address: _____

- Phone: _____

- Email: _____

DOG INFORMATION:

- Dog's Name: _____

- Breed: _____

- Age: _____

- Gender: ☐ Male ☐ Female

- Spayed/Neutered? ☐ Yes ☐ No

- Weight: _____ lbs

SERVICES REQUESTED:

- ☐ Board and Train

- ☐ Boarding

- ☐ Private Lessons

HEALTH & MEDICAL INFORMATION:

- Veterinarian Name & Contact: _____

- Vaccinations up to date? ☐ Yes ☐ No

- Any medical conditions or allergies? _____

- Medications & Dosages: _____

- Is your dog on flea/tick/heartworm prevention? ☐ Yes ☐ No

BEHAVIOR & TEMPERAMENT:

- Has your dog ever bitten a person or another dog? ☐ Yes ☐ No

- Does your dog show aggression (food, toys, people, animals)? ☐ Yes ☐ No

If yes, explain: _____

- Does your dog have separation anxiety? ☐ Yes ☐ No
- Is your dog fearful of anything (loud noises, strangers, etc.)? _____
- How does your dog react to new people and dogs? _____

TRAINING HISTORY & GOALS:

- Has your dog had previous training? ☐ Yes ☐ No

If yes, what type? _____

- What commands does your dog know? _____
- Any behavioral issues to address? _____
- Training goals: _____

DAILY ROUTINE & PREFERENCES:

- Feeding schedule & diet: _____
- Favorite treats & toys: _____
- Exercise routine: _____
- Sleeping arrangements (crate, bed, etc.): _____

EMERGENCY CONTACT:

- Name: _____
- Phone: _____

ADDITIONAL INFORMATION:

- Anything else we should know about your dog?

By signing below, I confirm that the information provided is accurate and that I agree to Educated K9's policies.

DATE: _____ OWNER'S SIGNATURE: _____