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|  | **Ultimate Canine Education Program Client Information Form** | | | | |
| **A. OWNER INFORMATION** | | | | | |
| **Name of Handler:** | |  | | **Date:** |  |
| **If different than the email used to sign up on Pawfinity, what email do you use for Facebook?** | | | | | |
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| **Do you have a partner/spouse you would like to be added into the course as well? If yes, provide their Facebook email.** | | | | | |
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| **How did you hear about us?** | | |  | | |
| **NO! I would not like to receive information from Street Wise Canine & The Dog’s Paw about training tips and special events!** | | | | | |

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| **B. DOG’S INFORMATION** | | | | | | | | | | | | | | | | |
| **Name:** |  | | | **Age:** | | |  | | | **Date of Birth:** | | |  | | | |
| **Gender:** |  | **Spayed/Neutered:** | | | | **Yes  No** | | | | | **Vaccinations:** | | | **Yes  No** | | |
| **Breed or Breeds *(if mixed):*** | | |  | | | | | **How long have you owned your dog?** | | | | | | | |  |
| **Where did you get your dog from?** | | | | | Breeder | | | | Rescue | | | Shelter | | | Other | |
| **Describe previous training this dog has had and where:** | | | | | | | | | | | | | | | | |
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| **C. BACKGROUND INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you owned a dog previously?** | | | | | | | | | **Yes  No** | | | | | | | | | **How long ago?** | | | | | | | |  | | | |
| **If yes, what breed?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Describe Training:** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **How many adults and kids live in the home with the dog?** | | | | | | | | | | | | | | | | | | | **Kids:** | | | |  | | | **Adults:** | | |  |
| **What are the ages of the children?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Where does your dog sleep?** | | | | | **In a Crate**  **In Your Bed**  **In Your Bedroom**  **Other:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **What other pets live in the home? (*Please tell us the species / name / age and sex of other pets.*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How does your dog interact with your other pets? (*Give us an explanation of any relationship problems between your dog and other pets*.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How do you control your dog’s food?** | | | | | | | | | | | **Feed on a Schedule** | | | | | | | | | | | | | | | | **Free Feed** | | |
| **What type/brand of food do you feed your dog?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Does your dog have any medical, allergy or skin conditions?** | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | |
| **If yes, describe:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your dog on any medications?** | | | | | | | | **Yes  No** | | | | | | | | **Explain medication type/admin schedule:** | | | | | | | | | | | | | |
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| **Where do you live?** | | **Multi-level House** | | | | | | | | | | **Apartment** | | | | | | | | | | | | | **Townhouse** | | | **Loft** | |
| **Ranch House** | | **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a yard?** | | | **Yes  No** | | | | | | | | | | **Is your yard fenced?** | | | | | | | | | | | | | | **Yes  No** | | |
| **Do you have Invisible Fencing?** | | | | | | **Yes  No** | | | | | | | | | **Is your dog crate trained?** | | | | | | | | | | | | **Yes  No** | | |
| **How many hours per day is your dog crated?** | | | | | | | | | | | |  | | | | | **Describe how your dog behaves in the crate:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has your dog ever chewed or eaten his bedding while crated?** | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | |
| **Do you have a treadmill?** | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | |
| **Would you be willing to get a treadmill?** | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | |
| **Has your dog ever bitten you, another dog or anyone else?** | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | |
| *If so, describe in detail:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe a typical day for your dog:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ***Dog’s Activity*** | | | | | | | | | | | | | | | | | ***My/Family Activity*** | | | | | |
| ***A.M.*** | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | ***Dog’s Activity*** | | | | | | | | | | | | | | | | | ***My/Family Activity*** | | | | | |
| ***Mid-day*** | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | ***Dog’s Activity*** | | | | | | | | | | | | | | | | | ***My/Family Activity*** | | | | | |
| ***Before Dinner*** | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | ***Dog’s Activity*** | | | | | | | | | | | | | | | | | ***My/Family Activity*** | | | | | |
| **Evening** | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |

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| **D. BEHAVIORAL ASSESSMENT FOR YOUR DOG** |
| **Check (✓) the box next to any of the problems below that you’re having with your dog:**  **Not housebroken  Digs in yard**  **Urinates when excited or afraid  Pulls on leash**  **Overactive and doesn’t settle down easily  Jumps on people**  **Stresses easily  Doesn’t come when called**  **Separation anxiety  Sniffs at/eats off of countertops & tables**  **Mounts people or objects  Bolts through open doors**  **Jumps on furniture uninvited  Nuisance barker/whiner**  **Is aggressive toward dogs  Drawn blood on another dog**  **Play bites with people or dogs**  **Growls at family members.**  ***Describe situation:***  **Is aggressive toward people when they approach or interact with them**  **Shy toward people.**  ***Describe situation:***  **Broke skin or drawn blood on a person?**  ***EXPLAIN who, why, severity of bleeding:***  **Chews destructively on:**  **Guards: toys-food-objects against people and/or other animals**  **Guards: space against people and/or other animals** |
| **What are the situations/triggers to undesirable behaviour?** |
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| **Is there anything else we should know about you or your dog that is pertinent to training?** |
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| **What would you like to get out of this course?** |
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