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|  | **Ultimate Canine Education ProgramClient 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?** |
|  |
| **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.*)** |
|  |
| **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:** |
|  |
| **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?** |
|  |
| **Is there anything else we should know about you or your dog that is pertinent to training?** |
|  |
| **What would you like to get out of this course?** |
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