Training Intake Form

Owners name (first and last):

Email address:

Home address:

Phone number:

How did you hear about me?:

Dog's name:

Dog's breed, age, and gender:

Spayed, neutered, or intact?:

When and where did you get this dog?:

Is your dog current on their rabies, distemper, and bordetella vaccines?:

Is your dog crate trained?:

Any medical conditions or allergies?:

Have you done any formal obedience with your dog? If yes, please describe:

What equipment do you currently use on walks? (Flat collar, Harness, Choke chain, Prong collar, Gentle leader, Ecollar, Slip leash, Martingale):

Has your dog ever bitten a person? Explain the situation:

Has your dog ever bitten another dog? Explain the situation:

Has your dog ever been attacked by another dog? Explain the situation:

What issues are you having with your dog?:

Can you think of any specific triggers for the behaviors?:

Have you found anything that alleviates the problem?:

What motivates your dog (treats, toys, praise)?:

What are your goals for your dog? What would you like to be able to do with him/her after training?:

Please rate 0-10 how your dog does with the following commands (0= never been taught, 10= will do command first time asked every time):

Sit:	Down:	Leave it:
Stay:	Place:	Drop it:
Come:	Heel:	Look:

Any other comments:
