



## CLIENT INTAKE FORM

### Obedience Training

Today's Date: \_\_\_\_\_

Owner's Name (list all): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Veterinary Office: \_\_\_\_\_

Have you owned dogs before? \_\_\_\_\_ If so, what breeds? \_\_\_\_\_

Other household members (names and ages): \_\_\_\_\_

What is your work schedule like? \_\_\_\_\_

What is your availability for the trainer to come to your home? (select all that apply)

☐ Evenings ☐ Days ☐ Weekends ☐ Flexible

How much time per day can you spend working with your dog? \_\_\_\_\_

### **DOG'S INFORMATION**

Breed \_\_\_\_\_

Dog's Name \_\_\_\_\_

Dog's Age \_\_\_\_\_

Sex \_\_\_\_\_

Age when brought home \_\_\_\_\_

What does your dog eat? \_\_\_\_\_

### **Background**

Where did you get your dog?

☐ Breeder ☐ Rescue ☐ Pet Store ☐ Shelter ☐ Kijiji/Marketplace/Online ☐ Friend/Relative ☐ Stray

Please provide any additional background you know of your dog: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does your dog have any previous training? \_\_\_\_\_ If so, please list: \_\_\_\_\_

### **Medical**

Vaccinations Up to Date? \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Age Altered: \_\_\_\_\_

Previous Medical Conditions/Surgeries \_\_\_\_\_

Current Medical Conditions \_\_\_\_\_

Current Medications (including flea and tick): \_\_\_\_\_

Does your dog have allergies? \_\_\_\_\_ If so, please list: \_\_\_\_\_

### **Behavioural**

How does your dog react to human strangers?: \_\_\_\_\_

Does your dog have a bite history? Y or N: \_\_\_\_\_ If so, describe: \_\_\_\_\_

What cues does your dog know well? (please check all that apply):

☐ Sit ☐ Down ☐ Stay ☐ Recall ☐ Loose Leash Walking ☐ Bed/Place ☐ Drop ☐ Leave It ☐ Off

Other (any tricks they may know): \_\_\_\_\_

Check all behaviours that apply to your dog:

☐ Jumping up on people

☐ Resource Guarding (explain below)

☐ Demand barking

☐ Separation Anxiety/Frustration

☐ Fearful behaviours (explain below)

☐ Destructive Behaviours (explain below)

☐ Aggressive behaviours (explain below)

☐ Leash Reactivity

☐ Mouthing/Nipping

☐ Pulls on a leash



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Current style of reinforcement given (check all the apply):      ☐ Treats   ☐ Praise   ☐ Affection   ☐ Play

Current style of discipline (corrections) given (check all that apply):

☐ Verbal   ☐ Physical   ☐ Crate time   ☐ Other time outs (explain): \_\_\_\_\_

What are your training goals?

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Is there anything else I should know? \_\_\_\_\_

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