Sadie’s Paw and Order Dog Training Services

Client Intake Questionnaire for Training

Please complete this questionnaire and return it using one of the following methods:

- Email the completed form to **sadiespawandorder@gmail.com**
- Take clear photos of all completed pages and text them to **715-350-9360**

Thank you! The information you provide will help me better understand your home life, your dog’s history, needs, and training goals.

Owner Information

Owner’s Name: _____

Address: _____

City, State, ZIP: _____

Primary Phone: _____

Emergency Contact: _____

Emergency Contact’s Phone: _____

Dog Information

Dog’s Name: _____

Sex: ☐ Male ☐ Female

Breed(s): _____

Current Age: _____ **Weight:** _____

Color/Markings: _____

Primarily: ☐ Indoor ☐ Outdoor ☐ Both

Spayed/Neutered? ☐ Yes ☐ No

If yes, at what age? _____

Veterinary Clinic and Location:

Please describe any medical or physical conditions, including thyroid disease, hip dysplasia, kidney disease, CCL surgery, EPI, mobility concerns, or other diagnoses:

Current Medications your dog is on, including flea/tick treatment and dewormer:

Please list all known food, environmental, or medication allergies:

Ownership and Background

Have you owned dogs before? ☐ Yes ☐ No

Have you previously owned this breed or breed mix? ☐ Yes ☐ No

How old was your dog when you acquired them? _____

Where did you acquire your dog?
☐ Breeder ☐ Rescue/Shelter ☐ Private Individual ☐ Other

Name or additional information:

Did you meet your dog's parents? ☐ Yes ☐ No

If yes, how would you describe their temperament and behavior?

Does your dog have any known history of neglect, mistreatment, or abuse?
☐ Yes ☐ No ☐ Unknown

If yes, please explain:

Daily Routine and Care

How often do you walk your dog? (Honest answers only)

What equipment have you used when walking your dog? Check all that apply:

☐ Harness
☐ Head halter/Easy Walk-style device
☐ Prong collar
☐ Slip lead
☐ Standard collar
☐ Standard leash
☐ Retractable leash
☐ Other: _____

Do you use treats as rewards? ☐ Yes ☐ No

If yes, what type of treats?

What does your dog eat? (Include table food if that is given)

Feeding schedule:
☐ Once daily ☐ Twice daily ☐ Three times daily ☐ Free-fed ☐ Other

Is your dog kenneled or crated when no one is home? ☐ Yes ☐ No

Is your dog kenneled or crated at night? ☐ Yes ☐ No

Does your dog visit dog parks, pet stores, daycare facilities, or other public places?
☐ Yes ☐ No

If yes, where and how often?

Household Information

How many other pets live in the home? _____

Please list each pet's type, breed, age, sex, and relationship with your dog:

Are there children living in <u>or</u> regularly visiting the home? ☐ Yes ☐ No

If yes, please list their ages:

Current Training

Please rate how consistently your dog follows each command **the <u>first time</u> it is given**.

1 = Seldom 5 = Always

Command	Rating
Sit	1 2 3 4 5
Down	1 2 3 4 5
Off	1 2 3 4 5
Stay	1 2 3 4 5
Recall	1 2 3 4 5
No	1 2 3 4 5
Leave It	1 2 3 4 5
Wait	1 2 3 4 5

Heel 1 2 3 4 5

Please list any additional commands your dog knows:

Behavioral and Safety History

Has your dog ever bitten, attempted to bite, attacked, or displayed aggressive behavior *toward a child or adult?*
☐ Yes ☐ No

If yes, please describe what happened, including the circumstances, approximate date, injuries, and whether medical attention was required:

Has your dog ever bitten, attempted to bite, attacked, or displayed aggressive behavior *toward another animal*?
☐ Yes ☐ No

If yes, please explain:

Has your dog ever been bitten or attacked *by another animal*?
☐ Yes ☐ No ☐ Unknown

If yes, please explain:

Please describe any behavioral concerns, including jumping, barking, pulling, reactivity, aggression, fear, anxiety, resource guarding, separation anxiety, destructive behavior, or house-training difficulties:

Are there any specific situations, people, animals, objects, sounds, or environments that trigger your dog's behavior?

Training Goals

What would YOU like to learn while working with your dog?

What would you like your dog to learn?

What is your biggest current challenge or frustration with your dog?

Please share any other dietary concerns, behavioral history, safety concerns, or information that may be important for training:

Please list the dates and times you are generally available for a consultation/first training:

Training, Payment and Contract Information

Obedience Training

Obedience training focuses on foundational skills and manners. Training may include sit, down, stay, come, recall, heel, wait, leave it, off, fetch, and other commands based on your dog's individual needs.

- Minimum of four sessions per contract
- **$140 per session**
- Additional travel fees apply

Behavior Modification

Behavior modification addresses concerns such as jumping, excessive barking, fear, reactivity, aggression, resource guarding, and other challenging behaviors.

Programs are divided into three levels based on the type, severity, history, and potential safety risks associated with the behavior. After reviewing your intake questionnaire and completing an evaluation, I will determine the appropriate training level.

- Minimum of four sessions per contract
- **Level One: $160 per session**
- **Level Two: $185 per session**
- **Level Three: $225 per session**
- Additional travel fees apply

Consultation

During the consultation, I will evaluate your dog's behavior, discuss your concerns and goals, and recommend an appropriate training plan. We will also determine the frequency and schedule of training sessions. For example, sessions may be scheduled twice weekly for two weeks or once weekly for four weeks.

If available, on the same day as the consultation, we may be able to start the first training session to kickstart learning.

****** Following the consultation, the recommended training contract must be paid in full before training sessions begin.**

Payment plans are not available, and no exceptions will be made.