



| First Visit Intake Form

Student Name (Minimum age of 18 required for main student):

First Name: _____ Last Name: _____

Student Address:

City: _____ State: _____ Postcode: _____

Student Email Address: _____

Student Cell Phone #: _____ Emergency # _____

Other Participant #1

Name: _____ Relationship: _____

Other Participant #2

Name: _____ Relationship: _____

Dog's Name (only one dog per registration is allowed):

Dog's Name: _____ Breed/Mix: _____

Age: _____ Sex: ☐ Male ☐ Female

Dog's Weight (lbs): _____ Spayed/Neutered? ☐ Yes ☐ No

Bite History: ☐ Yes ☐ No If Yes, Describe: _____



| Training & Behavior History

Previous Type of Training (check all that apply):

- ☐ Group Classes ☐ Private Sessions ☐ Board & Train
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Previous Skills or Focus Areas (check all that apply):

- ☐ Puppy Socialization ☐ Basic Obedience (sit, stay, come) ☐ Advanced Obedience
☐ Leash Training ☐ Crate Training ☐ Clicker Training ☐ Fear, Aggression, or Reactivity
☐ Service Dog ☐ Therapy Dog ☐ Agility or Enrichment-based Training
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How does your dog react to other dogs? (check all that apply):

- ☐ Ignores ☐ Watches quietly ☐ Hides or moves away ☐ Trembles or freezes
☐ Pulls on leash ☐ Jumps to greet ☐ Plays appropriately ☐ Mounts or humps ☐ Barks
☐ Growls ☐ Lunges ☐ Snaps ☐ Bites
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How does your dog react to strangers? (check all that apply):

- ☐ Watches from a distance ☐ Approaches calmly ☐ Seeks attention or affection
☐ Jumps to greet ☐ Paces or becomes restless ☐ Hides or avoids ☐ Trembles or shakes
☐ Freezes ☐ Barks ☐ Growls ☐ Lunges ☐ Snaps ☐ Bites
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Any known triggers or fears? (check all that apply):

- ☐ Loud noises ☐ Sudden movements ☐ Strangers ☐ Men ☐ Children ☐ Other dogs
☐ Handling/touch ☐ Grooming ☐ Vet visits ☐ Car rides ☐ Being left alone
☐ Specific objects: _____ ☐ Other: _____
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