



Camano Island Kennels Dog Training Client - Intake Form

Client Name(s) _____

Dog(s) Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Circle preferred contact method: Phone / Text / Email

Dog's Breed _____ Weight _____ Age _____ Gender _____

Spayed/Neutered? _____ Primary vet clinic _____

Any past/current medical issues, allergies, concerns? Y / N If yes, describe:

List & describe any other animals in the household:

List all human members in household: (Name, Gender, Age (of children), Relationship to you)

When did you obtain your dog? _____

Where did you obtain? _____

Housebroken? _____ Crate trained? _____

Percent time indoors/outdoors? _____

Where does your pup sleep? _____

Where are they kept when you're away? _____

Do you use a shock collar, choke collar, electric/invisible fence? If yes, list:

If your pup is a rescue/adoption, describe what you know about his/her history prior to you:

Describe any previous training your pup has had and the organization/trainer's name:

Training methods used at home (circle all that apply):

Treats, Praise, Verbal Corrections, Physical Corrections

Has your dog ever bitten a person or animal, or vice versa? If yes, describe

Describe 3 things your dog does that you wish they wouldn't do:

1. _____

2. _____

3. _____

Describe 3 things your dog doesn't do that you wish they would:

1. _____

2. _____

3. _____

Does your dog exhibit any of the following (check any/all that apply):

<ul style="list-style-type: none"><input type="radio"/> Jumps on people<input type="radio"/> Mouthing/nipping<input type="radio"/> Potties in home<input type="radio"/> Steals food/trash/objects<input type="radio"/> Fearful (describe below)<input type="radio"/> Doesn't obey<input type="radio"/> Chews items<input type="radio"/> Play biting<input type="radio"/> Urinates when excited	<ul style="list-style-type: none"><input type="radio"/> Excessive vocalization<input type="radio"/> Digs in yard<input type="radio"/> Threatens/bites family<input type="radio"/> Threatens/bites strangers<input type="radio"/> Threaten/growls at animals<input type="radio"/> Reactive/aggressive on leash	<ul style="list-style-type: none"><input type="radio"/> Darts/escapes from doors/gates<input type="radio"/> Anxious when alone<input type="radio"/> Destructive when alone<input type="radio"/> Shows undesirable behaviors (describe below)<input type="radio"/> Issue with certain genders or types of people (describe below)
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Describe: _____

Reason for consultation & additional notes: _____
