



### Training Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Breed: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Age/Sex: \_\_\_\_\_  
Ref. by: \_\_\_\_\_ Spay/Neut.? \_\_\_\_\_  
Age when obtained: \_\_\_\_\_

Other Pets (ages/sex/age when obtained) in Household: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do the pets get along: \_\_\_\_\_  
\_\_\_\_\_

Other People in Household (ages of children): \_\_\_\_\_  
\_\_\_\_\_

Occupation/Time spent outside home: \_\_\_\_\_

Who is the primary caretaker of the pets: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Medical Problems/meds/allergies: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ How many times per day? \_\_\_\_\_

What times is dog fed? \_\_\_\_\_ Eat right away/finish meals? \_\_\_\_\_

Where do the pets get fed? \_\_\_\_\_

Other treats/snacks & how often: \_\_\_\_\_

Where was dog obtained/How long ago: \_\_\_\_\_

Housebroken? \_\_\_\_\_ Crate trained? \_\_\_\_\_ Where does dog sleep? \_\_\_\_\_

% time indoor/outdoor? \_\_\_\_\_ Where kept when owner gone? \_\_\_\_\_

Any previous training? If so, what training methods used (clicker, choke collar, shock collar, ect):  
\_\_\_\_\_  
\_\_\_\_\_

Were you happy with the results? \_\_\_\_\_

Behaviors dog knows: \_\_\_\_\_

Exercise Type/Frequency: \_\_\_\_\_

Equipment used on walks: \_\_\_\_\_

Does your dog have a fenced in yard? If so, what type of fence: \_\_\_\_\_

Has dog ever bitten or injured a person or animal? \_\_\_\_\_ (If yes, describe in Notes section)

Describe your dog's temperament: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Notes: \_\_\_\_\_

Handouts given (this is for office use only): \_\_\_\_\_