|  |
| --- |
| DATE  |

Basic Client Information

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| --- |
| Client(s) Name(s):  |
| Address: |
| Phone: | Email Address:  |

Household Information (include frequent visitors)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adults** | **Children** | **Dogs** | **Cats** | **Other (list)** |
|  | Males | Females | Males | Females | Males | Females | Indoor | Outdoor |  |
| # of |  |  |  |  |  |  |  |  |  |
| Age range |  |  |  |  |  |

Dog’s information

|  |  |
| --- | --- |
| Dog’s Name: | Breed (or mix guess); |
| DOB (estimate ok): | M/F: | Current Weight: |
| Date of last vaccine: | \*IF Spayed/neutered, date (mm/yy): |
| Date of last vet visit: | Reason: |
| Dog’s Veterinarian or practice: |
| Dog’s General diet: |
| Dog’s surgical history & estimated date or age (other than S/N): |
| List any food, medication, or other allergies: |
| List any medications the dog is currently on including natural supplements: |
| List any medical problems the dog has currently or in past (include minor infections such as urinary & ear infections): |
| When & where did you first obtain your dog? -  |
| Has your dog had any previous training, if so what type? - |
| What general services are you looking for currently? -  |
| If there is a behavior problem, list in order of priority your concerns;1.2.3. |

**Is your dog (answer yes/no and describe if applicable)**

|  |  |
| --- | --- |
| Playful Y/N: | Energy level: |
| Favorite toy: | Favorite activity: |

|  |  |
| --- | --- |
| Housetrained Y/N: | Outside only/indoor pads/combo: |
| If dog has accidents other than related to illness or normal puppy learning, Label U/BM & How often they occur:When they occur:Where in house: |

|  |  |
| --- | --- |
| Destructive Y/N: If yes, when does this occur: | How long Has this been going on: Is it getting worse: Is it getting more frequent: |
| Destructive toward (Walls/Doors/Furniture/Bedding/Toys/Other): |

|  |  |
| --- | --- |
| Aggressive or resistant to certain handling Y/N: | Age or date of onset: |
| If yes, be specific (vet exams, grooming, leashing, petting, walking on leash, etc.): |
| Aggressive with food Y/N: |
| Aggressive with toys Y/N: |
| Reactive or aggressive toward you or other family members: |
| Reactive or aggressive toward visitors or stranger’s Y/N: |
| Reactive or aggressive toward other dog’s outside of home Y/N: |
| Reactive or aggressive toward another animal within household Y/N: |
| Please provide any other behavioral concerns, goals, or observations: |

Any addition information;