|  |
| --- |
| DATE |

Basic Client Information

|  |  |
| --- | --- |
| 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;