



CLIENT INFORMATION FORM

Today's Date ____ / ____ / ____

**Please answer the questions that follow as thoroughly as possible.
All answers are confidential and will help us to serve you better.**

Owner's Name _____

Dog's Name _____

Address _____

Breed/Mix _____

D.O.B. or Age _____

City _____

State _____

Zip _____

Weight _____

Color/unique markings _____

Home Phone _____

Work Phone _____

Male Female Intact Neutered Spayed

Cell Phone _____

Occupation _____

If spayed/neutered, at what age? _____

Email _____

If spayed/neutered due to a behavioral problem, explain. _____

House Townhome Apartment Other _____

Fenced yard? Yes No Invisible fence? Yes No

SESSION AVAILABILITY: Please check the best days/times for you to schedule training sessions:

Tuesday AM-noon Wednesday AM-2:30pm Friday AM-2pm
 Tuesday 3pm-8pm Thursday AM-2:30pm Saturdays AM-3pm

Additional Comments:

How did you hear about us?

Veterinarian Former client Internet Advertisement Breeder Rescue/Shelter
 Pet-related business Other: _____

Name of referring individual, organization or publication: _____

Why did you get your dog?

Have you owned other dogs in the past? _____ If yes, what breed? _____

List any physical/breed characteristics that contributed to your choice for your current dog:

Where did you obtain your dog? Breeder Individual Shelter Rescue Group Pet Store
 Friend/Relative Found stray Other: _____
How long have you had your dog? _____ Were there previous owners? _____ If yes, why was the
dog given up? _____
Type of ID Microchip Rabies/License Tag Name Tag Tattoo Other: _____

MEDICAL:

Veterinarian's Name _____ City _____
Month/Year of last visit _____ / _____ Reason _____
Date last vaccinated: _____ / _____ Vaccine(s) given: _____

Current health problems/Medications _____
Past medical conditions/Treatment _____
Does your dog have any allergies, including food allergies? _____

Is your dog easily handled by the vet staff? Yes No Has he/she ever had to be muzzled? Yes No
Is your dog on heartworm preventative? Yes No Brand _____
Is your dog on flea and/ or tick preventative? Yes No Brand _____

May we contact and discuss health and behavioral issues with your veterinarian? _____
If yes, please initial here _____

DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned) _____
How often? _____ How much? _____ At approximately what times? _____
Does your dog finish all food at meals? Yes No If not, how long is the food left down? _____
Does your dog receive other treats/chewies? Yes No Frequency/type: _____
Please list 3 of your dog's favorite foods/treats: _____
Has your dog ever become possessive of his food or a treat? Yes No Please describe in as much detail as possible:

Is your dog reliably housetrained? Yes Mostly (infrequent accidents) No
Is your dog crate trained? Yes No Paper/pad trained? Yes No Litter box trained? Yes No
Do you have a dog door? Yes No If not, how many times daily do you let your dog out (or take him on walks) to
eliminate when you are at home? _____ How many times per day does your dog normally defecate? _____

EXERCISE:

What type of exercise does your dog get? (If not receiving any exercise at this time, note "none" and the reason.)

How long does the exercise last/how often is it provided? (For example, "a 15-minute walk three times daily," or "plays
with neighbor's dog for an hour once a week.") _____
Who is normally responsible for exercising your dog? _____

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle collar," "head halter,"
"body harness," "pinch/prong collar," "choke chain." Leash examples: "6-foot nylon leash," "retractable leash.")

Does your dog ever become reactive toward other dogs or people on walks? Yes No If so, please describe:

ENVIRONMENT/LIFESTYLE:

List all people, including yourself, who live in your household:

Name	Gender	Age (of children)	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will be responsible for practicing training exercises with the dog? _____

Does your dog “belong to” a particular household member (e.g., son) or everyone? _____

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and if so, why? _____

Is the dog frightened of any household members, and if so, why? _____

Where is your dog kept when you are not at home? Indoors not confined Indoors confined: _____
 In yard not confined In yard confined to dog run In yard tied out or chained Other: _____

When you are at home, is your dog allowed in the house? Yes No

If your dog is not allowed indoors at all, why not? Allergies Cleanliness Not potty trained We prefer it
 Destructive Other: _____

If your dog is an outdoor dog, would you like him to eventually be able to be indoors? Yes No

If indoors, is your dog ever confined (crated, penned) while you are home? Yes No How? _____

If so, how long is your dog confined on an average day? _____ Reason: _____

Where does your dog sleep at night? _____ In a crate? Yes No

How many hours per day is your pet without human companionship? _____

Do you have other pets? Yes No If so, what kind, breed, age, sex, neutered? _____

Three things I like about my dog:	Three things I do not like about my dog:
_____	_____
_____	_____
_____	_____

If your other pet is a dog or cat, how does your dog get along with the other pet? _____

Does your dog play with toys or play games? Yes No If so, what are his favorite toys/games? (These may be interactive games like tug or toys he plays with alone.) _____

What other activities does your dog enjoy? _____

TRAINING:

- No training yet Trained him ourselves Puppy Group Basic Group Inter. Group Advanced Group
 Private Lessons Sent to trainer If group class, did you complete the course? Yes No

Training methods used (check all that apply): Food treats Praise Verbal corrections Physical corrections

List organization name and/or trainer's name: _____

Circle the behaviors your dog knows. Then, next to each, estimate what percentage of the time he will do so when asked:

Sit _____ Down _____ Stay _____ Come _____ Walk nicely on leash _____ Leave it _____

Give _____ Wait _____ Go to your place _____ Quiet _____ Off (furniture or when jumps up) _____

Others (including tricks): _____

Check the behaviors that apply to your dog:

- | | | |
|---|--|---|
| <input type="radio"/> Aggressive (describe below) | <input type="radio"/> Fearful (describe below) | <input type="radio"/> Anxious when alone |
| <input type="radio"/> Jumps on people | <input type="radio"/> Pulls on leash | <input type="radio"/> Destructive when alone |
| <input type="radio"/> Mouthing/nipping | <input type="radio"/> Chews furniture/property | <input type="radio"/> Digs in yard |
| <input type="radio"/> Urinates in house | <input type="radio"/> Urinates when excited | <input type="radio"/> Defecates in house |
| <input type="radio"/> Steals food/objects/trash | <input type="radio"/> Darts out doors/gates | <input type="radio"/> Escapes from yard |
| <input type="radio"/> Guards food/toys/chewies/other | <input type="radio"/> Excessive attention-seeking | <input type="radio"/> Jumps on furniture |
| <input type="radio"/> Play biting | <input type="radio"/> Stool consumption | <input type="radio"/> Understands but will not obey |
| <input type="radio"/> Excessive vocalization when alone | <input type="radio"/> Excessive voc. when we're home | <input type="radio"/> Other (describe below) |
| <input type="radio"/> Threatening/biting family members | <input type="radio"/> Threatening/biting strangers | <input type="radio"/> Threatening/growling at other animals |

List any procedures/training equipment you've used to try to correct the behaviors checked on the previous page:

What would you like help with, in order of importance?

Has your dog ever bitten anyone? Yes No Any animal? Yes No

If so, please describe in as much detail as possible: _____

Has medical attention been necessary (for humans or animals) because of any aggressive incident? Yes No

If yes, please explain: _____

What is your dog's usual reaction when a person he has not met before enters the home? _____

When was the last time a person unfamiliar to your dog entered the home? _____

Is there anything else you feel it would be important for us to know?

*Thank you for taking the time to complete this form. Your answers will allow us to serve you better.
We look forward to meeting with you and your dog.*



BEHAVIORAL QUESTIONNAIRE

Please review this entire questionnaire first, then go back and answer the questions as thoroughly as possible.
If there was an incident (such as a bite), if possible, please ask those who were present for input as well.

Today's Date ____ / ____ / ____

Owner's Name

Dog's Name

What is the main issue you are concerned about? (Check all that apply.)

- Aggression toward unfamiliar dogs
- Aggression toward another dog or pet in the home
- Aggression toward family member(s)
- Guarding food/toys/possessions/other
- Aggression toward visitors
- Aggression toward unfamiliar people in public
- Aggression when handled/picked up
- Aggression toward vet/groomer/petsitter/dogwalker
- Other: _____

When did this behavior start? (approximate date or how long ago) _____

Please check off any of the following that coincided with the change in your dog's behavior:

- Person moving out of home
- New person/baby in home
- New pet in home
- Pet in home dying/lost/rehomed
- Change in owner's work hours
- Change in amount of exercise
- Recent vaccination
- Put on new medication
- Medical treatment/surgery
- Environmental change
(e.g., construction in home)
- Moved to new location
- Change in diet/new treats
- Use of physical corrections
- Sent dog away for training
- Less time to spend with dog
- Other/Further Description:

If your dog has threatened or bitten another dog, please check all that apply.

- Growls, lunges, and/or barks at other dogs on walks
- Has air-snapped at another dog (no contact)
- Growls, lunges, and/or barks at another dog in home
- Bit another dog while your dog was on leash
- Bit another dog while your dog was off leash
- Play between dogs at home escalates into fights
- Bit another dog, drew blood (for example, torn ear)
- Bit another dog, inflicted puncture wound
- Bit another dog, inflicted multiple puncture wounds
- Tried to kill other dog (e.g., “grab and shake”)
- Other: _____
- _____

If your dog has threatened or bitten a person, please check all that apply.

- Threatened (for example, growled, barked, air-snapped, lunged at) family member, but no bite
- Threatened (for example, growled, barked, air-snapped, lunged at) stranger in public, but no bite
- Threatened (for example, growled, barked, air-snapped, lunged at) visitor to home, but no bite
- Bit family member, no broken skin
- Bit family member, broke skin (tear)
- Bit family member, single puncture wound
- Bit family member, multiple puncture wounds
- Bit stranger in public, no broken skin
- Bit stranger in public, broke skin (tear)
- Bit stranger in public, single puncture
- Bit stranger in public, multiple puncture wounds
- Bit visitor, no broken skin
- Bit visitor, broke skin (tear)
- Bit visitor, single puncture
- Bit visitor, multiple puncture wounds
- Bit vet or vet tech
- Bit groomer
- Bit dogwalker/petsitter
- Other/Further Description: _____
- _____

Date of incident _____ Location of incident _____

Who was present? _____

What other dogs/animals were present? _____

Was your dog on leash? Yes No If so, who was holding the leash? _____

What preceded the incident? _____

Had your dog been feeling well prior to the incident? _____

Did your dog give any warning signals? If so, what were they? _____

If there was a bite:

What was the location on the body? _____

Did it cause bruising? Yes No

Was there bleeding (torn skin)? Yes No

Was there a puncture wound? Yes No

Were there multiple puncture wounds? Yes No

Did the dog bite, latch on and shake his head from side to side, not letting go? Yes No

How did the incident end (for example, pulled dogs apart, one dog walked away, person ran away)?

What happened right after the incident (for example, put dog in yard, hit dog, dog lay down, dog looked “guilty”)?

If there was a bite, was medical help sought? Yes No

If there was a bite, was it reported? Yes No

If there was a bite, was legal action taken? Yes No

Which of the following best describes your feelings about your dog's behavior issue?

- The problem is not serious, but I am curious about what you would suggest.
- I would like to change the problem, but it is not that serious.
- The problem is somewhat serious. I would like to change it, but if it remains unchanged we will live with it.
- The problem is very serious. I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is extremely serious. I would like to change it; if it remains unchanged I will give my dog up or have him/her euthanized.
- Other: _____

What kind of time commitment are you willing to make to address these issues?

Is there anything else you feel we should know?

Thank you for taking the time to complete this questionnaire.

Please return it with the Client Information Form.