



**DELIGHTFUL
DOGS**
POSITIVE TRAINING

CLIENT INTAKE FORM

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Dog's Name: _____ Breed: _____

Birthday/Sex: _____ Spay/Neut.? _____

Ref. by: _____

Other Pets in Household: _____

Other People in Household: _____

How long is the dog left alone on average per day: _____

Veterinarian: _____ Phone: _____

Medical Problems/meds/allergies: _____

Brand of Food: _____

How many times per day? _____

Eat right away/finish meals? _____

Other treats/snacks & how often: _____

Where was dog obtained? How long ago: _____

Housebroken? _____ Crate trained? _____

Where does dog sleep? _____

% time indoor/outdoor? _____

Where is dog when owner is gone? _____

Any previous training? Behaviors dog knows/training methods used by trainer:

Exercise Type/Frequency: _____

Equipment used on walks: _____

Has dog ever bitten or injured a person or animal? _____

(If yes, describe below, there will be another form to fill out)

Reason for Consultation: _____

What do you hope to get out of training: _____

Check the behaviors that apply to your dog

<input type="checkbox"/> Aggression	<input type="checkbox"/> Fearfulness (describe below)	<input type="checkbox"/> Anxiousness when alone
<input type="checkbox"/> Jumps on people	<input type="checkbox"/> Pulls on leash	<input type="checkbox"/> Destructive when alone
<input type="checkbox"/> Mouthing/nipping	<input type="checkbox"/> Chews furniture/property	<input type="checkbox"/> Digs in yard
<input type="checkbox"/> Urinates in house	<input type="checkbox"/> Urinates when excited	<input type="checkbox"/> Defecates in house
<input type="checkbox"/> Steals food/objects/trash	<input type="checkbox"/> Darts out doors/gates	<input type="checkbox"/> Escapes from yard
<input type="checkbox"/> Guards food/toys/chewies/other	<input type="checkbox"/> Excessive attention-seeking	<input type="checkbox"/> Jumps on furniture
<input type="checkbox"/> Play biting	<input type="checkbox"/> Stool consumption	<input type="checkbox"/> Understands but will not obey
<input type="checkbox"/> Excessive vocalization when alone	<input type="checkbox"/> Excessive vocalization with people	<input type="checkbox"/> Threatens/bites family members
<input type="checkbox"/> Threatens/bites strangers	<input type="checkbox"/> Threatens/growling at other animals	<input type="checkbox"/> OTHER(please describe below)

OTHER: _____
