



Client Registration Questionnaire

Today's Date _____ / _____ / _____

Please answer the questions that follow as thoroughly as possible. This form should be received with your deposit at least a week before the training appointment. All answers are confidential and will help us to serve you better.

OWNER INFORMATION

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Occupation _____

Email _____

Dwelling: House Townhome Apartment Other: _____

Fenced yard? Yes No Invisible fence? Yes No

DOG INFORMATION

Dog's Name _____ Male Female

Breed/Mix _____ D.O.B. or Age _____

Color/Unique Markings _____ Weight _____

Intact Neutered Spayed If spayed/neutered, at what age? _____

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

Type of ID: Microchip Rabies/License Tag Name Tag Tattoo Other: _____



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? Yes No

If yes, why was the dog given up? _____

Why did you get your dog? Please check **all** that apply:

Companionship For the kids For protection To breed Received as gift

Sports/Work (e.g., *competition obedience, agility, hunting*): _____

Assistance/Service dog/Therapy dog/Emotional Support dog: _____

Companion for other dog Other: _____

MEDICAL

Veterinarian's Name _____ City _____

Date Last Vaccinated _____ / _____ Vaccine(s) Given _____

Current Health Problems/Medications _____

Past Medical Conditions/Treatment _____

Does your dog have any allergies, including food allergies? Yes No

If yes, what kind? _____

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? Yes No

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

Crate trained? Yes No

Litter box trained? Yes No

Paper/pad trained? Yes No



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.")*

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

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? _____

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.)*

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



Check 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*) _____

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"/> Threatening/biting family members |
| <input type="radio"/> Threatening/biting strangers | <input type="radio"/> Threatening/growling at other animals |
| <input type="radio"/> Other: _____ | |

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



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? _____



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: _____

Three things I like about my dog:

Three things I do not like about my dog:

***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.***