

# CLIENT INFORMATION FORM



Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help me 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

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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:  
\_\_\_\_\_

**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="checkbox"/> Aggressive (describe below)	<input type="checkbox"/> Fearful (describe below)	<input type="checkbox"/> Anxious 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 voc. when we're home	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Threatening/biting family members	<input type="checkbox"/> Threatening/biting strangers	<input type="checkbox"/> Threatening/growling at other animals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

If so, please describe in as much detail as possible: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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

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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 me to know?

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