



Date: _____ Time: _____

<u>DOG'S NAME</u>	<u>BREED</u>	<u>SEX</u>	<u>WEIGHT</u>	<u>AGE</u>	<u>COLOR</u>
_____	_____	_____	_____	_____	_____

Owner's Name: _____

Email _____ Phone _____

Vet Clinic _____ Referred By _____

Spayed/Neutered? Yes or No If yes, at what age? _____ If no, why _____

Training history, if any _____

Food Motivation: None **1 2 3 4 5** Obsessive

Toy Motivation: None **1 2 3 4 5** Obsessive

House-Training or Marking Issues **Yes** or **No** If yes, explain _____

Do you have a fenced yard? _____

Describe walking on a leash _____

Does your dog obsessively:

Bark _____ Dig _____ Jump _____ Chew _____ Mouth _____

Is your dog possessive of or ever growled/snapped over food, toys or other objects? **Yes** or **No**
If yes, explain _____

Is your dog fearful, anxious, or submissive? **Yes** or **No**
Describe _____

Is your dog startled or scared of loud noises (thunderstorms, fireworks, trucks, etc.)? **Yes** or **No**
Describe _____

Has your dog ever growled at someone? **Yes** or **No**
If yes, explain _____

Has your dog ever bitten someone? **Yes** or **No**
If yes, explain _____

Is your dog sensitive to parts of their body being touched (ears, mouth, nails, etc.)? **Yes** or **No**
If yes, explain _____

Trainer: _____

Recommend Class or Private Training _____

Notes _____

Next Steps _____
