



CLIENT INFORMATION FORM

Date ____ / ____ / ____

Please answer the questions that follow as thoroughly as possible.

You may enter your information directly on this form and save as you go. Once you have completed the form please email it to: sam@samwike.com.

This form should be received with your deposit at least a week before the training appointment. 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 _____		
Cell Phone _____		Occupation _____		If spayed/neutered, at what age? _____	
Email _____					
<input type="checkbox"/> House <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____			Fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No Invisible fence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you hear about The Inner Dog?

- Veterinarian Former client Advertisement Breeder Rescue/Shelter Pet-related business
 Internet Website Facebook Twitter 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: _____
If adopted from a shelter/rescue or pet store, please provide the name: _____
How long have you had your dog? _____ Were there previous owner(s)? _____
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 dog(s) in the past? _____ If yes, what breed(s)? _____

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

MEDICAL INFORMATION & HISTORY:

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 _____

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	Relationship to you
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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? _____

When you are at home, is your dog allowed in the house? 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: _____

If your dog is not allowed indoors at all, why not? Allergies Cleanliness Not housetrained 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

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.) _____

What other activities does your dog enjoy? _____

Five things I like about my dog:

Five things I don't like about my dog:

TRAINING:

No training yet Trained him ourselves Puppy Group Basic Group Inter. Group Advanced Group

If group class, did you complete the course? Yes No

Private Lessons Sent to trainer; Who & for how long: _____

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): _____

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 indicated: _____

