Client Intake Form

CLIENT INFORMATION	
Name:	
Address:	
Phone:	Email:

CLIENT INFORMATION	
Name:	
Address (if different than above):	
Phone:	Email:

DOG INFORMATION	
Name:	Breed/Mix:
Age:	Weight:
◯ Male ◯ Female	◯ Fixed ◯ Intact
Colors/Markings:	
Any additional information that would be important for us to know:	

VETERINARIAN INFORMATION

VETERINARIAN'S NAME:	PHONE:
CLINIC NAME & ADDRESS:	

DOG MEDICAL HISTORY

CURRENT ILLNESSES:	CURRENT MEDICATIONS:

ANY RECENT ILLNESSES OR SURGERIES IN THE PAST 12 MONTHS? ◯ YES ◯ NO

IF SO, PLEASE ELABORATE:

DATE OF LAST RABIES VACCINE:

DATE OF LAST DHLPP (DISTEMPER, ADENOVIRUS, LEPTO, PARAINFLUENZA, PARVO):

TRAINING DETAILS

WHAT BEHAVIORS/ISSUES ARE YOU PLANNING TO RESOLVE?

◯ AGGRESSION/BITING ◯ FEAR/ANXIETY ◯ JUMPING UP ◯ DIGGING

◯ BARKING/HOWLING ◯ PULLING ON LEASH ◯ CHEWING ◯ URINATING/POOPING

OTHERS:

WHAT HAVE YOU DONE BEFORE TO TRY TO RESOLVE THESE ISSUES?

HAS YOUR DOG GONE FOR FORMAL TRAINING BEFORE? ◯ YES ◯ NO

IMPORTANT DETAILS ABOUT THE COURSE: