|  |  |
| --- | --- |
| Owner Name |  |
| Other Adults in Home |  |
| Ages of Children in Home |  |
| Address |  |
| City, ST Zip |  |
| Daytime Phone |  |
| Evening Phone |  |
| Email |  |
| Best Times for appointment |  |
| How were you referred to us? |  |

**Dog Info**

|  |  |
| --- | --- |
| Dog’s Name |  |
| Date of Birth |  |
| Breed |  |
| Sex/Altered |  |
| Age |  |
| Veterinarian |  |

**Background/Lifestyle Information**

|  |  |
| --- | --- |
| We acquired this dog as a Puppy/Older Dog/Age |  |
| Where did dog come from? (breeder, rescue) |  |
| We currently have other dogs (how many, breeds, ages) |  |
| Our dog is home alone (or with other dogs) #hrs each day |  |
| Our dog(s) stay(s) in (yard, kennel, house) |  |
| At night our dog sleeps (where) |  |
| Family member who is primary caretaker |  |
| We feed our dog (type, quantity of food) # times per day (if you “free feed” indicate that as well |  |
| Our dog does/does not show food aggression  |  |
| We exercise our dog (how often) |  |
| Our dog’s exercise consists of (activities) |  |
| We do/do not take our dog to off-leash parks |  |
| We do/do not take our dog to doggie day care or use a sitter/walker regularly (if yes, who) |  |
| We have/have not taken formal training classes with this dog (if yes, when and where and what classes) |  |
| Other pets (cats, birds, etc) |  |
| Does the dog have a bite history?People? Other Animals? |  |

***We need help with the following behaviors:***

|  |  |
| --- | --- |
| Housebreaking | Crate Training  |
| Chewing  | General destructiveness when left alone  |
| Biting | Mouthing |
| Digging | Nipping |
| Jumping up | Chasing  |
| Counter surfing/stealing items  | Excessive barking |
| Bolting out doors | Pulling on walks |
| Aggressive to people | Aggressive to dogs |
|  |  |
| If any of these behaviors are new, please describe when/what event/how the behavior started (as best you can determine). |  |
| Other (describe) |  |
| What is the most important thing you want from this evaluation and training? |