

Thank you for choosing The Canine Center for Training and Behavior, LLC:

(Enjoy your life with your dog!)

DATE:

CLIENT NAME(S):

PROFESSION:

HOME PHONE:

WORK PHONE:

CELL PHONE:

MAILING ADDRESS:

KIDS (Names & Ages):

EMAIL ADDRESS:

| | | |
|--------------------------------|------------------------|---------------|
| DOG NAME: | AGE: | AGE OBTAINED: |
| SEX: | SPAYED/NEUTERED? | |
| BREED/COLOR: | | |
| PRIMARY REASON FOR VISIT: | | |
| CURRENT MEDICAL CONDITIONS: | | |
| CURRENT HEART WORM MEDICATION: | DATE GIVEN EACH MONTH: | |

| | | |
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For all dog training classes offered by THE CANINE CENTER FOR TRAINING AND BEHAVIOR, LLC:

1. I understand and agree The Canine Center for Training and Behavior, its instructors and assistants, are providing a service to my dog and me and that they are assisting us in good faith. I further agree that they have provided facilities and equipment in good faith and that reasonable precautions have been taken to provide a safe environment for dog training.

2. I agree to hold harmless The Canine Center for Training and Behavior, its instructors and assistants, for any injury that may come to me or to my dog as a result of our participation in dog training private lessons and classes sponsored by The Canine Center For Training and Behavior.

| | | | | |
|-------------------------|--|-----------------------------|--|-------|
| _____ | | _____ | | _____ |
| Participant's Signature | | Printed name of participant | | Date |

History

Where did you get your dog? _____

Why did you get a dog? _____

List any behavior problems in the home (barking, chewing, etc) _____

List behavior problems out of the home (leash manners, etc) _____

What brand of dog food do you feed? _____ How often? _____

Where is the dog food kept? _____

What treats does your dog like? _____

What games does he/she like? _____ How long does he/she play _____

What toys does he/she like? _____

Where are the toys kept? _____

Where does your dog sleep? at night _____ during the day _____

Is your dog crate trained? Yes/No How does he/she feel about the crate? (circle one)

Love Hate Tolerate Destroy

Where is the crate kept? _____ Does he/she show aggression around the crate? Y/N

How much time does he/she spend along each day? _____

Where is he/she kept when you're not home? _____

Where and who does your dog stay with when you go out of town? _____

Do you have a dog door? _____

How does your dog respond to grooming? _____

Where does your dog go to get groomed? _____

Has your dog ever urinated on you or other members of your immediate family? Y/N

Has your dog ever growled at you or other members of your immediate family? Y/N

Has your dog ever snapped at or bitten you or other members of your immediate family? Y/N

Has your dog ever snapped at or bitten visitors? Y/N strangers? Y/N

(if yes please attach a timeline and brief description of bites and situations)

Does your dog prefer?(circle those that apply) Men/Women Male dogs/Female dogs

Does your dog dislike certain people or dogs? Y/N Who? _____

What situations does your dog dislike? _____

Does your dog have any fears or sensitivities? _____

How do you correct or respond to misbehavior? _____

To what degree? _____

Have you ever or do you currently use the physical alpha role? Y/N

Medical History and Vet Information

Veterinarian _____ Doctor's Name _____

Date of last blood work if any _____

Past medications used? _____

Brief medical history (injuries, re-occurring diseases-list dates of any illness) _____

Where did you hear about us? _____