



Client Profile

OWNERS INFORMATION

Name of Handler/Owners: _____

Address: _____

Landline: (____) _____ Cell: (____) _____

Email address for correspondence _____

Do you have any medical conditions we should be aware of? i.e arthritis or back pain? _____

DOGS HISTORY

Dog 1 Name: _____ Age: _____ Breed: _____

Circle: (SEX) M or F (NEUTERED/SPAYED) Y or N (VACCINATIONS) Y or N

Dog 2 Name: _____ Age: _____ Breed: _____

Circle: (SEX) M or F (NEUTERED/SPAYED) Y or N (VACCINATIONS) Y or N

Reason for NOT spaying or neutering your dog (s)? _____

Is your dog on medications? If so, what for and what are they? _____

Is this your first dog? _____

When did you get your dog and how old was it? _____

Where did you get your dog from? **Circle:** Breeder Rescue Shelter Other

Where does your dog sleep? _____

Do you walk your dog every day? _____

Do you play with your dog? _____

Do you own more than one dog? _____

Do you have children in the home? How many and what ages? _____

Are there other pets in the home? _____



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Do you have invisible fencing? **Circle** Y or N Is your dog crate trained? **Circle** Y or N

How does your dog behave while in the crate?

Explain: _____

Where is your dog if they are not with you? **Circle:** (Crate / house / yard / doggie daycare / other)

What previous training has this dog had and where? _____

Do you feed: **(circle one)** Kibble or Raw

What brand of food (raw or kibble) do you feed your dog and how much? _____

Do you leave your dog's food out all day (free feed)? **Circle** Y or N

What are your training goals?

If having a consult, what is your goal?

Does your dog have any chronic medical conditions we should be aware of?

Has your dog ever bitten you, another dog or anyone else? _____ If so, explain in detail: _____

BEHAVIOUR ISSUES WITH YOUR DOG: **Circle ALL that apply**

pulls on leash / jumps up on people / will not come when called / destructive behaviour / aggression / fearful of people or dogs / counter surfs / barks continuously / separation anxiety / does not listen / obedience training / crate training / bites, nips / barks / chases cat / drinks out of toilet / toy aggression / eats crate bedding / urinates when excited / growls at people / shy towards people / play bites / jumps on furniture uninvited / mounts people or objects / not housebroken / overactive, won't settle easily / stresses easily / destructive chewing / guards food or objects / guards space or people / bolts from doorway / chases cars, cats or bikes



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Is there anything else we should know about your dog and what triggers their behaviour? If So, explain:

DOG WALKING CLIENTS ONLY (price is \$20.00 per dog for max 30 min walk)

Insurance: Is your home owners/tenants' package in place? Circle Y or N

Have you given a copy of your house key or entrance code? Circle Y or N

Enter entrance code House: _____ Garage: _____

What tool do you use to walk your dog? (circle which ones pertain to your dog):

martingale flat buckle choke chain e collar prong halti gentle leader harness slip leash transitional

How does your dog normally walk with you? _____

Is your dog typical friendly/social? Circle Y or N

Special Instructions: _____



How did you hear about _____ ? _____

VETERINARIAN INFORMATION (up to date copy of vaccinations is required for all board & train and babysitting/daycare and dog walking clients)

Clinic Name: _____

Address: _____

Phone Number: _____

Thank you for taking the time to fill out the required form.

Nadine K. Francis

Owner/Head Trainer

Good Doggy!