

NEW CLIENT APPLICATION

Name of Pet Parent:		Phone Number:
Email Address:		
Street Address:		
City:	State:	Zip:
Name of Pet:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Altered: <input type="radio"/> Yes <input type="radio"/> No
Species:	Breed:	Age or D.O.B.:
Color Markings:		
Approx. Weight (Whole Numbers):	How long have you had your dog?	
Veterinarian Name:	Company:	
Vet Phone Number:	Vet Location:	
Feeding Schedule - How Much and How Often:		
Does your dog have food allergies? If yes, please explain: <input type="radio"/> Yes <input type="radio"/> No		
What services are you interested in? <input type="radio"/> Lodging <input type="radio"/> Daycare <input type="radio"/> Training <input type="radio"/> Grooming		
Please describe your dog's flea/tick control and prevention program:		
Does your dog have any physical disabilities or sensitive spots? If yes, please explain: <input type="radio"/> Yes <input type="radio"/> No		
What restrictions need to be placed on your dog's activities or movements? <input type="radio"/> No jumping <input type="radio"/> No running <input type="radio"/> No hard play <input type="radio"/> No contact with other dogs <input type="radio"/> None		
Aggressive Behaviors		
Is your dog food-aggressive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	Is your dog people-aggressive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	Is your dog dog-aggressive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
Has your dog ever bitten another person? If yes, please explain the circumstances.		
Has your dog ever growled or snapped at a person who has taken food or toys away from your dog? If yes, what were the circumstances.		
Has your dog ever bitten another animal? If yes, what were the circumstances?		
Have you ever noticed your dog stopping and staring at another animal or trying to get to another animal (ex: a squirrel)? If yes, what were the circumstances?		

Animal Behaviors	
<p>Does your dog chew on blankets, cots, or bedding?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Where in the room does your dog sleep?</p> <p><input type="radio"/> Uncovered Crate <input type="radio"/> Covered Crate <input type="radio"/> Owners Bed</p> <p><input type="radio"/> Pet Pillow <input type="radio"/> Floor</p>
<p>Does your dog require medication for anxiety/stress/etc.? If so, what? (Benadryl, etc.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>Which of the following best describes your dog's level of socialization with other dogs?</p> <p><input type="radio"/> None - No knowledge of other dog interaction <input type="radio"/> Minimal - On leash encounters only.</p> <p><input type="radio"/> Moderate - Some off-leash playtime <input type="radio"/> Extensive - Regular visits to dog social events, parks, dog daycare.</p>	
<p>Has your dog had any previous problems in an off-leash social environment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If yes, check all that apply.</p> <p><input type="radio"/> Altercation or fight in a public dog park</p> <p><input type="radio"/> Altercation or fight with a neighbor or friend's dog</p> <p><input type="radio"/> Fearful reaction in a group of dogs</p> <p><input type="radio"/> Dismissed from a prior dog daycare or social playgroup program</p> <p><input type="radio"/> My dog has not had any previous problems.</p>	
<p>If dismissed from a prior daycare or social play group program, check each statement below that applies to the situation that resulted in your dog's dismissal:</p> <p><input type="radio"/> My dog was injured, no medical treatment required.</p> <p><input type="radio"/> My dog was injured and required medical treatment.</p> <p><input type="radio"/> Another dog was injured, no medical treatment required.</p> <p><input type="radio"/> Another dog was injured and required medical treatment.</p> <p><input type="radio"/> A person was injured, no medical treatment required.</p> <p><input type="radio"/> A person was injured and required medical treatment.</p> <p><input type="radio"/> My dog has not had any previous problems.</p>	
<p>Please provide any other comments you want us to know about the dismissal.</p>	
<p>List any other pets in the household (breed, age, sex, spayed/neutered, how well they get along)</p>	
<p>How does your dog react to a stranger passing outside your home or yard?</p>	
<p>How does your dog react to visitors and/or their dogs in your household?</p>	

Are there any types and/or breeds of dogs your dog seems to automatically fear or dislike? If yes, please explain.
How does your dog react to other dogs approaching him/her in a park, at the beach, or on a walk, etc.?
How does your dog react to puppies, cats, or any other small animals?
Please describe size, breed, and temperament of the other dogs, which your dog plays with.
Does your dog play with toys? If yes, what kind of toys does your dog like?
Has your dog ever chased someone (or wanted to) on a skateboard, bicycle, or car? If yes, what were the circumstances?
Is your dog frightened by thunderstorms, fireworks and/or other loud noises? If yes, describe typical behavior and what specifically helps to relax your dog or calm his/her fear.
Is your dog frightened or nervous around anything else? If yes, please explain.
Pet History
How did you get your dog? <input type="radio"/> Adopted/Purchased as a puppy <input type="radio"/> Adopted/Purchased with knowledge of history <input type="radio"/> Adopted/Purchased with no knowledge of history.
Please share any information of your pet's history that you may have.
Exercise
Would you like your dog to participate in group play? <input type="radio"/> Yes <input type="radio"/> No
If yes, why would you like your dog to participate in group play? (Check all that apply): <input type="radio"/> Enjoys play with other dogs <input type="radio"/> So they are not at home alone <input type="radio"/> Exhibits symptoms of separation anxiety <input type="radio"/> Recommended by another pet professional (trainer, vet, etc.) <input type="radio"/> I do not want my dog to participate in group play

Which best represents your dog's overall level of exercise routine?

- Couch Potato: Lots of sleep, occasional walks or playtime with humans or other dogs
- Mild Exerciser: Short daily walks or regular playtime with humans or other dogs
- Moderate Exerciser: Long or multiple walks daily or regular playtime with humans or dogs
- Athlete: Regular jogs or regular participation in a dog sport activity such as agility or Frisbee.

How would you describe the energy level of your dog?

- Low Medium High

Training

Does your dog respond to his/her name?

- Yes No

Which cues does your dog know? (Please check all that apply):

- Sit Down Off/ No Leave It Wait Stay Spot Come Heel Roll over
- High Five/Paw None

Which of the following best describes the use of obedience cues with your dog at home? (Check all that apply):

- Key part of daily communication Used when on walks or having people over
- Used occasionally to better control behavior Rarely used None

What kind of collar/harness do you use to walk your dog?

- Standard Buckle Collar Nylon/Chain Choke Collar Harness - Leash Clips on Back
- Harness - Leash Clips on Front Head Halter Prong/Pinch Collar

Is it effective in keeping him/her under control?

- Yes No

Has your dog ever gotten away from someone when out for a walk? If yes, please explain the circumstances.

Has your dog ever jumped up on someone? If yes, what were the circumstances.

Has your dog ever climbed/jumped a fence? If yes, please explain the circumstances.

Has your dog ever escaped from your house or yard? If yes, please explain the circumstances.

Top 3 training goals: What are your top 3 training objectives for your dog? (Mouthing, house training, barking, digging, etc.)