

CLIENT INFORMATION FORM



OWNER INFORMATION									
Name:					Referred by:				
Home Phone:					Mobile Phone:				
Address:					City:				
Email:					State:		Zip:		
Names & Ages of people living in the home:									
Preferred method of contact (check one):	Email			Phone			Text		
DOG INFORMATION									
Name:					Breed:				
Sex:		Spay/Neuter: (check one)	Y	N	Age / DOB:				
Weight / Size:				How long have you owned the dog:					
List all other animals in the house (name, species, age sex):									
BEHAVIOR									
Main issue you would like to address:									
How long has your dog been exhibiting this behavior? Have you tried to address this behavior with training in the past and if so, what was the result?									

**CLIENT INFORMATION FORM**

**Does your dog have a history of aggression or has it ever bitten another dog / human? Please be specific.**

**What training has your dog had (check all that apply):**

<b>None</b>	<b>Trained at Home</b>	<b>Attended Class</b>	<b>Private Training</b>
-------------	------------------------	-----------------------	-------------------------

**What is the goal in training your dog?**

<b>Interested in:</b>	<b>Private</b>	<b>Group Class</b>	<b>Drop-off Training</b>
-----------------------	----------------	--------------------	--------------------------

<b>If interested in Private training: What is your availability?</b>	<b>Daytime</b>	<b>Evening</b>	<b>Weekend</b>
--	----------------	----------------	----------------

<b>Where did you want to have the private?</b>	<b>In-Home</b>	<b>At School</b>	<b>Other</b>	<b>No preference</b>
--	----------------	------------------	--------------	----------------------

**CLIENT NOTES**