



Mutts To Order

dog training tailor-made for your life

NEW CLIENT INFORMATION FORM

OWNER:

Name: _____

Address: _____

Phone: _____

E-mail: _____

DOG:

Name: _____

Breed: _____

Sex: _____ Spayed/Neutered? Y or N

Age/ How Long Owned: _____

Any current medical problems? If so please

Medications: _____

NUTRITION:

1. What type food do you feed your dog? _____

2. How often? Where? _____

3. Describe eating habits (ie: picky or voracious, etc):

4. List examples of treats given and when:

EXERCISE & HOME LIFE:

1. Type of exercise: _____
2. Amount and frequency of exercise: _____
3. Favorite game: _____
4. Favorite treat or snack: _____
5. Describe where dog stays at each of the following times:
 - Daytime (owner home): _____
 - Daytime (owner away): _____
 - Nighttime: _____
 - When guests visit: _____

TRAINING:

Describe any previous training including equipment used (collar-type, leash, etc):

TEMPERAMENT:

1. If you go near or touch your dog's food or dish when he is eating, will he show his teeth, growl, or snap? Y or N
2. If your dog has a bone, toy, or a piece of food in his mouth and you try to take it from him, will he show his teeth, growl, or snap?
Y or N
3. When you discipline or punish your dog, does he ever show his teeth, growl or snap? Y or N
4. Does your dog guard (growl, show teeth, snap) stolen items? (socks, food, etc.) Y or N
5. If your dog is on your bed or in a favorite resting spot and you try to make him move or get off, will he show his teeth, growl, or snap? Y or N
6. Does your dog, otherwise house trained, urinate on your bed, furniture or other objects? Y or N
If so, how many times? _____
7. If your dog is lying on the floor and you roll him onto his back to clip his nails or to examine him for ticks, will he show his teeth, growl, or snap? Y or N
8. How often does your dog see or meet other dogs? What is his typical reaction? (viciously lunges, playfully leaps, hides behind you, growls, barks, etc.)

9. Have you ever been concerned with your dog's interaction with other (non-family owned) dogs? Please explain.

10. When your dog meets a new person, is he fearful or very shy? Y or N
11. When you arrive home does your dog roll onto his back and urinate when he greets you? Y or N

12. When you discipline your dog does he crawl on his belly or roll onto his back and urinate? Y or N

13. When you take your dog to an unfamiliar place, is he fearful, perhaps hiding, cowering, shaking, or trying to leave? Y or N

14. Is there anything about your dog you feel the trainer should know? Or do you have any special concerns or needs? Please describe.

GOAL SETTING:

15. What do you hope to gain in the long term from private training?

16. What new skills are you most interested in acquiring? What behaviors are you most interested in eliminating?

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