



## Client Information Form

Date\_\_\_\_\_

Please answer the following questions as thoroughly as possible:

Owner's Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

Do you live in a House\_\_\_\_\_ Townhouse\_\_\_\_\_ Apt.\_\_\_\_\_ Other\_\_\_\_\_

Do you have a physical fence?\_\_\_\_\_ Invisible Fence?\_\_\_\_\_

Dog's Name\_\_\_\_\_ Breed/Mix\_\_\_\_\_

DOB or approx age\_\_\_\_\_ Weight\_\_\_\_\_ Male\_\_ Female\_\_

Spayed/Neutered\_\_\_\_\_ if so, at what age\_\_\_\_\_

How did you hear about Talk to the Hound Dog Training?\_\_\_\_\_

Why did you get your dog? Please check all that apply:

Companionship\_\_ For the kids\_\_ For protection\_\_ To breed\_\_\_\_\_

Received as a gift\_\_\_\_\_ Sports/work (agility, hunting, etc)\_\_\_\_\_

Assistance/Service Dog/Therapy Dog/Emotional Support Dog\_\_\_\_\_

Companion for other dog\_\_\_\_\_ Other\_\_\_\_\_

Have you owned dogs in the past? \_\_\_\_\_ If yes, what breed? \_\_\_\_\_

What breed characteristics contributed to your decision to get your current dog?

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### Medical Information and History

Veterinarian's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Month/Year of last visit \_\_\_\_\_ Reason for visit \_\_\_\_\_

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Date last vaccinated \_\_\_\_\_ Vaccines given \_\_\_\_\_

\_\_\_\_\_ Do you do titre testing? \_\_\_\_\_

Current Health Problems \_\_\_\_\_

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Current Medications \_\_\_\_\_

Past Health Problems and Treatments \_\_\_\_\_

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Does your dog have any allergies? If yes, please explain \_\_\_\_\_

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Is your dog easily handled by the vet staff? \_\_\_\_\_

Has he/she ever had to be muzzled? \_\_\_\_\_

Is your dog on heartworm preventative? \_\_\_\_\_ Which brand? \_\_\_\_\_

Is your dog on flea/tick preventative? \_\_\_\_\_ Which brand? \_\_\_\_\_

Do we have permission to contact your veterinarian to discuss health and/or behavioral issues?\_\_\_\_\_. If yes, please initial here\_\_\_\_\_.

## **Diet and Elimination**

What type of food do you feed your dog? (Kibble, raw, canned...)\_\_\_\_\_

What brand?\_\_\_\_\_. How often and how much?  
\_\_\_\_\_

Does your dog finish all food at meal time?\_\_\_\_\_. If not, how long is food left down?\_\_\_\_\_.

Does your dog receive treats?\_\_\_\_\_. Frequency/type\_\_\_\_\_

Please list 3 of your dog's favorite treats?  
\_\_\_\_\_

Has your dog ever become possessive of his/her food or treat?\_\_\_\_\_.

If yes, please describe in detail\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog reliably housebroken?\_\_\_\_\_

If your dog is not, how many times a day is he/she eliminating in the house?\_\_\_\_\_

Is your dog crate trained?\_\_\_\_\_ Paper/pad trained?\_\_\_\_\_

Do you have a dog door?\_\_\_\_\_ How many times do you let your dog out or walk your dog to eliminate when you are home?\_\_\_\_\_

How many times a day does your dog normally defecate?\_\_\_\_\_

## Exercise

What type of exercise does your dog get?

\_\_\_\_\_

How long does the exercise last? \_\_\_\_\_ How often is it provided? \_\_\_\_\_

Who is responsible for exercising your dog? \_\_\_\_\_

If walks are provided, what type of collar, leash, and/or harness are used? (ex: flat collar, prong collar, retractable leash) \_\_\_\_\_

\_\_\_\_\_

Does your dog ever become reactive on walks? \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Environment/Lifestyle:

List all people, including yourself, who live in your household:

Name	Gender	Age	Relationship to you
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is responsible for practicing training exercises with the dog? \_\_\_\_\_

Does your dog "belong" to any particular member of the household? \_\_\_\_\_

Do any of the members of your household dislike the dog? \_\_\_\_\_

Are there any members of your household who are afraid of your dog? \_\_\_\_\_

Is the dog frightened of any member of your household? \_\_\_\_\_

Where is your dog kept when you are not at home?

Indoors not confined\_\_\_\_\_ Indoors confined\_\_\_\_\_ In yard not confined\_\_\_\_\_

In yard confined to dog run\_\_\_\_\_ In yard tied up or chained\_\_\_\_\_

Other\_\_\_\_\_

When you are at home, is your dog allowed in the house?\_\_\_\_\_

if indoors, is your dog ever confined (crated, penned) while you are home?\_\_\_\_\_

If yes, How, for how long on average?\_\_\_\_\_ What is the reason?

\_\_\_\_\_

If your dog is not allowed indoors at all, why not? Allergies\_\_\_\_\_ Cleanliness\_\_\_\_\_ Not  
housetrained\_\_\_\_\_ We prefer it\_\_\_\_\_ Destructive\_\_\_\_\_

Other\_\_\_\_\_

If your dog is an outdoor dog, would you like him to eventually be able to be indoors?\_\_

Where does your dog sleep at night?\_\_\_\_\_

Is your dog crated at night?\_\_\_\_\_

How many hours per day is your pet without human companionship?\_\_\_\_\_

Do you have other pets?\_\_\_\_\_ If so, what kind, breed, gender, age, neutered?

\_\_\_\_\_

How does your dog get along with your other pet?

\_\_\_\_\_

Does your pet play with toys or games?\_\_\_\_\_ If yes, what are some of his/her  
favorites?

\_\_\_\_\_

What other activities does your dog enjoy?

\_\_\_\_\_

**Five things I like about my dog:**

**Five things I'd like to change:**

- 1.
- 2.
- 3.
- 4.
- 5.

- 1.
- 2.
- 3.
- 4.
- 5.

**Training:**

No training yet \_\_\_\_\_ Trained him/her ourselves \_\_\_\_\_ Puppy group \_\_\_\_\_ Basic group \_\_\_\_\_  
 Intermediate group \_\_\_\_\_ Advanced group \_\_\_\_\_

If group, how far did you get in the course? \_\_\_\_\_

Private lessons \_\_\_\_\_ Sent to trainer \_\_\_\_\_ if yes, who and for how long?  
 \_\_\_\_\_

Training methods used (check all that apply):

Food treats \_\_\_\_\_ Praise \_\_\_\_\_ Verbal corrections \_\_\_\_\_ Physical corrections \_\_\_\_\_

List organizations and/or trainer's name \_\_\_\_\_

Circle the behaviors that our dog knows. Then, next to each, estimate what percentage of the time he/she will do so when asked:

Sit \_\_\_\_\_ Down (lie) \_\_\_\_\_ Stay \_\_\_\_\_ Come \_\_\_\_\_

Walk nicely on a leash \_\_\_\_\_ Leave it \_\_\_\_\_ Drop it \_\_\_\_\_

Wait \_\_\_\_\_ Go to place \_\_\_\_\_ Quiet \_\_\_\_\_ Off \_\_\_\_\_

Others \_\_\_\_\_

## Behaviors that apply to your dog:

- |                                                                    |                                                                  |                                                       |
|--------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Aggressive                                | <input type="checkbox"/> Fearful                                 | <input type="checkbox"/> Anxious when alone           |
| <input type="checkbox"/> Jumps on people                           | <input type="checkbox"/> Pulls on leash                          | <input type="checkbox"/> Destructive when alone       |
| <input type="checkbox"/> Mouthing/nipping                          | <input type="checkbox"/> Chews furniture/property                | <input type="checkbox"/> Digs in yard                 |
| <input type="checkbox"/> Urinates in house                         | <input type="checkbox"/> Urinates when excited                   | <input type="checkbox"/> Defecates in house           |
| <input type="checkbox"/> Steals food/objects                       | <input type="checkbox"/> Darts out doors/gates                   | <input type="checkbox"/> Escapes from yard            |
| <input type="checkbox"/> Guards food/toys/other                    | <input type="checkbox"/> Excessive attention seeking             | <input type="checkbox"/> Jumps on furniture           |
| <input type="checkbox"/> Play biting                               | <input type="checkbox"/> Eats poop                               | <input type="checkbox"/> Understands but doesn't obey |
| <input type="checkbox"/> Excessive vocalization when alone         | <input type="checkbox"/> Excessive vocalization when we are home | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Threatening/biting family members/animals | <input type="checkbox"/> Threatening/biting strangers            | <input type="checkbox"/> Threatening/biting at other  |

Please explain below: \_\_\_\_\_

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List any procedures/training equipment you've used to try to correct the behaviors indicated:

Has your dog ever bitten anyone? \_\_\_\_\_ Any animal? \_\_\_\_\_

If so, describe in detail \_\_\_\_\_

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Has medical attention been necessary (for humans or animals) because of any aggressive incident? \_\_\_\_\_

If yes, please explain:: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your dog's usual reaction when person he has not met before enters the home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time a person unfamiliar to your dog entered the home?

\_\_\_\_\_

What would you like help with in order of importance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you feel it would be important for me to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to fill out this form. Your answers will allow me to serve you better. I look forward to meeting with you and your dog.**

**Lisa Rynston-Lobel  
Talk to the Hound Dog Training  
516-244-2830**