



NEW CLIENT EVALUATION FORM

Name: _____

Phone Number: _____

Address: _____

Dog's Name: _____

Dog's Age: _____

Dog's Sex:

- Male
- Female
- Neutered Male
- Spayed Female

Dog's Breed or Mix: _____

Dog's Color or Markings: _____

Vet name and clinic: _____

Where did you get your dog?

- Breeder
- Rescue
- Shelter
- Other: _____

How long has your dog been with you? _____

Dog's daily exercise routine: Please explain

Type and brand of food: _____

Feeding schedule:

- 1 x day
- 2 x day
- Free feed (leave food out all day)
- Other: _____

Household members: (number and age of people living in the home)

Does your dog have any known allergies?

- Yes
- No

If yes, please explain: _____

Is your dog on any current medications?

- Yes
- No

If yes, what medication(s) and how long: _____

Has your dog had any other previous training?

- Yes
- No

If yes, please explain: _____

How does your dog respond to strangers when they enter your home?

Check all that apply

- Ignores
- Jumps on them (in a friendly way)
- Growls/barks, but warms up eventually

- Goes to them excitedly (in a friendly way)
 - Growls/barks while retreating
 - My dog would bite people if I did not restrain him
 - Other: _____
-

How does your dog respond to strangers when they meet them away from your house?

Check all that apply

- Ignores
 - Jumps on them (in a friendly way)
 - Growls/barks but warms up eventually
 - Goes to them excitedly (in a friendly way)
 - Growls/barks while retreating
 - My dog would bite people if I did not restrain him
 - Other: _____
-

Does your dog pull on the leash?

- All the time
- Never
- Only when excited- Ex: _____

What kind of leash/collar/equipment do you currently use or have ever used?

Check all that apply

- Regular belt/ flat collar
- Harness: where does leash attach? _____
- Head collar/Gentle Leader
- Martingale collar
- Chain collar
- Remote/electronic collar
- Prong collar

What kind of 'patient' is your dog at the vet? Check all that apply

- Great – the vet can do anything to him
- Nervous/Scared – shakes, but behaves for exams
- Doesn't like it – growls and/or snaps
- Hates it – has to be muzzled
- Terrified – urinates or defecates

Does your dog allow you to groom him? (clip nails, brush, etc.)

- Yes
- No
- Depends on the day

Does your dog guard objects or food from people?

- Yes
- No

Has your dog ever growled at a person?

- Yes
- No

If yes, please explain: _____

Has your dog ever bitten a person?

- Yes
- No

If yes, please explain: _____

Has your dog ever jumped or climbed a fence?

- Yes
- No

If yes, type and height of fence: _____

Does your dog have any behavioral problems that we should be aware of? (dog aggression, leash reactivity, possessive, etc.)

If so, please explain:

What training goals do you have for your dog?

Is there anything else about your dog you would like us to know?

How did you hear about us?

- Family
- Friend
- Google/Online search
- Social Media
- TV
- Referral

if so, by who? _____

All training options and pricing can be found in our brochure or online