



Client Enrollment Form

FAMILY DATA

Owner's Last Name _____
First Name _____
Address _____
City _____ State _____
Zip _____
Phone # 1 _____
Phone #2 _____
E-mail _____

Please list names of family members at home and children's age

Referral/ How did you hear about us

PET'S BACKGROUND

Pet's Name _____

Breed _____

Pet's Age Birth date : ____/____/____

Male/Female _____

Neutered/Spayed _____

Age dog obtained _____

Where did you obtain your pet _____

Veterinarian _____

Date of last Vaccination:

DHPPV: _____ Rabies: _____ Bordetella: _____

Does your dog live inside or outside _____

Is your dog crate trained: No Yes

Do you still use a crate? No Yes

Do you have a fenced in yard: No Yes

Does your dog have free access to all areas of your home: No Yes

What brand of dog food do you feed: _____

How much do you feed: _____

How many times per day: _____

Have you trained other dogs? No Yes When _____

What level is your dogs training currently :

None Beginner Intermediate Advanced

Will your dog willingly: Sit Down Stay/Wait Heel Come

What does your dog like to work for:

Food Ball Stuffed/Squeak Toy Affection

Is your dog potty trained: No Yes

Does your dog :

Pull on the leash Chew Dig Unruly Bark Excessively Jump Up
Run Away Charge the door Growl at People Growl at Dogs
Chase Cats

Is your dog possessive of toys, treats, food, water or bed :

Has your dog ever bitten another dog or human: No Yes

Please explain circumstances

How much exercise does your dog get a day : _____

Do you take daily walks with your dog: No Yes

If Yes, How many? _____ How long? _____

How much time to you devote to training your dog per day : _____

List specific problem areas you wish us to work on?

What is your primary goal for training?
