PRIVATE DOG TRAINING CONSULTATION

Client Intake Form

Please complete all sections before your first session. Fields marked with an asterisk (*) are required. Your information is kept strictly confidential.

1 OWNER INFORMATION

Your contact details for scheduling and follow-up

First Name * _____ **Last Name *** _____

Email Address * _____ **Phone Number *** _____

Home Address _____

How did you hear about us? _____ **Preferred Contact Method (Email / Phone / Text)** _____

2 ABOUT YOUR DOG

Basic profile information for your canine companion

Dog's Name * _____ **Breed / Mix** _____

Date of Birth _____ **Weight (lbs)** _____

Sex (Male–intact / Male–neutered / Female–intact / Female–spayed) _____ **Coat Color / Markings** _____

Background & History

How long have you had this dog? _____ **Source (breeder, rescue, etc.)** _____

Previous training history

- ☐ No prior training
- ☐ Basic obedience
- ☐ Puppy class
- ☐ Group classes
- ☐ Private trainer
- ☐ Board & train
- ☐ Self-trained

Commands the dog currently knows

- ☐ Sit
- ☐ Stay
- ☐ Down
- ☐ Come / Recall
- ☐ Heel
- ☐ Leave it
- ☐ Drop it
- ☐ Place / Bed
- ☐ None

Household members _____ **Other pets in the home?** _____

3 MEDICAL HISTORY

Health background that may influence training approach

Veterinarian / Clinic Name _____ **Date of Last Vet Visit** _____

Vaccination Status (Up to date / Partial / Unvaccinated / Unknown) _____

Heartworm / Flea Prevention? _____

Known health conditions or diagnoses

- ☐ None
- ☐ Hip / joint issues
- ☐ Arthritis
- ☐ Epilepsy / seizures
- ☐ Heart condition
- ☐ Thyroid disorder
- ☐ Vision impairment
- ☐ Hearing impairment
- ☐ Skin / allergy issues
- ☐ Neurological issue
- ☐ Orthopedic surgery
- ☐ Anxiety diagnosis

Current medications or supplements

Known allergies (food / environmental) _____

Recent surgeries? _____

Physical activity clearance from vet? _____

Behavioral / psychotropic medication? _____

Additional medical notes

4 BEHAVIORAL ASSESSMENT

Understanding your dog's temperament and current challenges

Primary concern(s) — main reason for seeking training

- ☐ Pulling on leash
- ☐ Jumping on people
- ☐ Aggression to dogs
- ☐ Aggression to people
- ☐ Resource guarding
- ☐ Separation anxiety
- ☐ Excessive barking
- ☐ Destructive chewing
- ☐ House training issues
- ☐ Fear / reactivity
- ☐ Recall problems
- ☐ Mouthing / nipping
- ☐ Prey drive
- ☐ Counter surfing
- ☐ General obedience
- ☐ Noise phobias
- ☐ Other

Describe the primary concern in detail

Temperament Scales

Overall energy level (1 = very low → 10 = very high)

1 ○—○—○—○—○—○—○—○—○—○— 10

Anxiety / stress level (1 = very relaxed → 10 = very anxious)
1 ○—○—○—○—○—○—○—○—○—○— 10

Reactivity to strangers (1 = very friendly → 10 = very reactive)
1 ○—○—○—○—○—○—○—○—○—○— 10

Noise Phobias

Does your dog show fear or distress in response to any of the following?

- ☐ Thunderstorms
- ☐ Fireworks
- ☐ Gunshots
- ☐ Loud vehicles / trucks
- ☐ Construction sounds
- ☐ Vacuum / appliances
- ☐ Smoke alarms / beeping
- ☐ Crowds / loud voices
- ☐ No noise sensitivity

How does your dog typically react to noise triggers?

- ☐ Trembling / shaking
- ☐ Hiding / fleeing
- ☐ Panting / drooling
- ☐ Destructive behavior
- ☐ Excessive barking
- ☐ Attempts to escape
- ☐ Freezing / shutting down
- ☐ Seeking owner's attention
- ☐ Loss of bladder/bowel control

Severity of noise phobia: ◯ Mild ◯ Moderate ◯ Severe ◯ Debilitating

Has a vet been consulted about this? ◯ Yes ◯ No ◯ In progress

Current management strategies used for noise fears

Environment & Triggers

What triggers your dog's unwanted behavior?

- ☐ Other dogs
- ☐ Strangers
- ☐ Children
- ☐ Loud noises
- ☐ Being left alone
- ☐ Food / high-value items
- ☐ Vehicles / bikes
- ☐ Grooming / handling
- ☐ Vet visits
- ☐ New environments
- ☐ No clear trigger

Where does your dog spend most time? _____

Daily exercise routine _____

Has your dog ever bitten a person or animal? ◯ No ◯ Yes – person ◯ Yes – animal ◯ Yes – both

If yes, describe the incident(s)

What motivates your dog most?

- ☐ Food / treats
- ☐ Verbal praise
- ☐ Play / toys
- ☐ Physical affection
- ☐ Fetch / chase
- ☐ Sniffing / exploration

Physical & Mental Stimulation

Currently receiving regular physical exercise? ◯ Yes, consistently ◯ Somewhat ◯ Rarely ◯ No

Types of physical activity provided

- ☐ On-leash walks
- ☐ Off-leash play / yard
- ☐ Fetch / ball
- ☐ Running / jogging
- ☐ Swimming
- ☐ Dog park
- ☐ Doggy daycare
- ☐ Hiking
- ☐ None currently

Exercise duration per day _____ **Number of times per day** _____

Currently receiving mental stimulation? ◯ Yes, consistently ◯ Somewhat ◯ Rarely ◯ No

Types of mental enrichment provided

- ☐ Puzzle / sniff toys
- ☐ Kongs / stuffed toys
- ☐ Training sessions
- ☐ Nose work / scent games
- ☐ Chews / bully sticks
- ☐ Trick training
- ☐ Sniff walks / free sniff
- ☐ Food-dispensing toys
- ☐ None currently

Mental enrichment per day _____ **Favorite enrichment activity** _____

Do you feel your dog is adequately stimulated overall? ◯ Yes ◯ Probably not ◯ No ◯ Unsure

Additional notes on stimulation / activity routine

Recent Household Changes

Any recent additions or changes in the household?

- ☐ New baby / child
- ☐ New adult moved in
- ☐ Someone moved out
- ☐ New pet added
- ☐ Pet passed away
- ☐ Recent move / new home
- ☐ Change in work schedule
- ☐ New relationship / partner
- ☐ Major renovation
- ☐ Change in daily routine
- ☐ Financial / life stress
- ☐ No recent changes

When did the change(s) occur?
_____

Did behavior issues begin around this time? (Yes / No / Unsure) _____

Describe the change(s) and any impact on your dog's behavior

Additional behavioral notes / personality quirks

5 NUTRITION & DIET

Diet directly affects focus, energy, and behavior

Current food type (Dry / Wet / Raw / Freeze-dried / Homecooked / Mixed) _____

Current food brand / name _____

Feeding frequency _____

Approximate portion per meal _____

Food sensitivities or allergies? ◯ No known issues ◯ Confirmed allergy ◯ Suspected sensitivity ◯ Elimination diet

Food allergen / sensitivity details

Treats currently used (types / brands)

Treat usage per session: ◯ Minimal ◯ Moderate ◯ Liberal

Current body condition: ◯ Underweight ◯ Ideal ◯ Overweight ◯ Obese

Supplements currently given

☐ None ☐ Fish oil / omega-3 ☐ Probiotics

☐ Joint support ☐ Multivitamin ☐ Calming supplement

☐ CBD / hemp ☐ Digestive enzymes

Nutritional concerns or goals

Would you like nutritional guidance as part of the program? ◯ Yes, definitely ◯ Maybe / open to it ◯ No, just training

6 TRAINING GOALS & PREFERENCES

Help us tailor the program to your vision for success

What does success look like to you? Describe your ideal outcome.

Desired training timeline _____

Sessions per week available _____

Preferred training method (Positive reinforcement / Balanced / Trainer's rec.) _____

Preferred session location _____

Are all household members on board with training? ◯ Yes, fully committed ◯ Most are, some resistance ◯ Mainly just me

Daily practice time available _____ **How did you find us? (referral, etc.)** _____

Any additional questions or information for your trainer?

AUTHORIZATION & AGREEMENT

I confirm that the information provided is accurate and complete. I understand that the trainer may share relevant details with veterinary professionals as needed for my dog's safety.

Owner Signature _____ **Date** _____

Printed Name _____ **Emergency Contact & Phone** _____

FOR TRAINER USE ONLY

Session Date _____ **Assessment Score** _____ **Initial Trainer Notes** _____

Information provided is strictly confidential and used solely for training purposes.