

Clever K9 Dog Training
106 Station Road
Wilmington, NC
910-620-8295
Cleverk9Dogtrain.com

Your Name _____ Dog's Name _____

Your Address _____ Zip _____

Day Phone # _____ Night Phone # _____ Cell Phone # _____

VERY IMPORTANT: Print Clearly Email _____

Dog's Breed Type _____ Dog's Age _____ Dog's Sex _____ Spayed/Neutered? _____

Your Vet's **Company** Name _____ Your Vet's Phone # _____

Last Date Rabies Vaccine _____ Last Date Distemper/Parvo (DHLLP)Vaccine _____

Did Your Dog ever break bone? _____ Explain _____

Does your DOG have physical limitations or medical problems? Y / N What? _____

Do YOU have a physical limitation we should allow for Y / N What? _____

Is the dog on medication now? Y / N What? _____

Does your dog have a food allergy? Y / N Please explain _____

What brand of food does your dog eat? _____ How often? _____

Do you leave food out all day? _____ Is Dogs poop firm? _____

List other family members including pets: _____

Dog was acquired from (circle): PET SHOP, SHELTER, BREEDER, OTHER _____

Age of dog when acquired _____ How long have you had this dog? _____

Have you had any previous dog training experience with any dog? When/Where:

What did you like most about the training? _____

What do you want to accomplish with your training? 1. _____

2. _____ 3. _____

List cues (commands) your dog can do reliably: _____

Approximate % of time dog is: Inside ____%, Outside ____%, Without humans ____%, Tied ____%

About how many minutes each day do you: Walk your dog on leash _____ Minutes How times per day _____

Play with your dog _____ Minutes How many times per day _____

If you've had previous dogs: What did you like about them? _____

What you like least about them? _____

What do you like best about **THIS** dog? _____

What concerns you most about your relationship with **THIS** dog? _____

IMPORTANT-Please Circle traits which apply to your dog:

GROWLS, SHY ,FEARFUL, GUARDS FOOD/TOYS

PUSHY, BITES ,DESTRUCTIVE MOUTHY

EXCESSIVE ENERGY, DOMINANT ,AGGRESSIVE ,NOISY

TOO ATTACHED TO ME, WON'T LISTEN TO ME, NOT GOOD W/ PEOPLE, NOT GOOD W/ DOGS

URINE MARKS OTHER _____ OTHER _____ OTHER _____

NONE OF THE ABOVE APPLY TO MY DOG _____

Briefly explain trait(s) circled: _____

Anything else we should know about your dog? _____

Thank you for taking the time to complete this form. The information will help us determine the best course of action for you and your dog.

Client Signature _____ **Date** _____

Office Do Not Write Below Line

Date _____ Class _____ Instructor _____

Paid ___ck___ cash ___cc___ Intial _____

Check for: Vet Records _____ Email _____