



SS Animal Care

New Client Intake Form

Client Information

Today's Date: _____

Client's Name: _____ Occupation: _____

Co-Owner's Name: _____ Occupation: _____

Home/Cell Phone: _____ Email: _____

Address:

Children & Ages: _____

How/where did you hear of us?

Have you moved with your dog within the last 12 months? Y N

Have you added or lost any pets within the last 12 months? Y N

Have you added or lost any family members within the last 12 months? Y N

Dog Information

Dog's Name: _____ Dog's Age: _____

Breed (or mix): _____ Female or male? Is your dog fixed? _____

Where did you get your dog? _____

How long have you had the dog? _____

List all medications your dog is currently taking: _____

Vet Clinic: _____ Vet's Name: _____

Vet's Address: _____ Vet's Phone: _____

Please list any current or past medical issues including surgeries, infections, etc.



Other Pets In The Home

Name: _____ Age: _____ Breed: _____ F/M, Fixed? _____

Name: _____ Age: _____ Breed: _____ F/M, Fixed? _____

Name: _____ Age: _____ Breed: _____ F/M, Fixed? _____

About Your Dog's Lifestyle

Where is your dog when he is home alone? _____

Where does your dog sleep at night? _____

Does your dog have a crate? _____ Does your dog like the crate? _____

Where is the crate located? _____ Does your dog chew or destroy the crate? _____

How many hours does your dog spend alone each day? _____

What kind/brand of food do you feed your dog? _____

How much and how often does your dog eat? _____

Is food left out during the day for your dog to eat? _____

Dog's allergies: _____

What kind of toys does your dog have daily access to? _____

How long does your dog play with toys? _____

Where are the toys kept when not in use? _____

How often does your dog go on a walk? _____ Who walks your dog? _____

How long is the walk? _____ Does your dog have any other exercise activities?

_____ What does your dog wear on a walk? (Harness, No-Pull Harness, Prong/Shock Collar, Head Halter, etc.?)

_ Do you ever walk your dog off leash? Y N Do you take your dog to dog parks? _____

Does your dog pull on walks? Y N If your dog pulls, what have you tried to change his behavior?



About Your Dog's History

Has your dog ever growled at a person or dog? Y N If yes, please describe what happened:

Has your dog ever nipped/bitten a person or another animal before? ____ If yes, please describe what happened: _____

If your dog has nipped/bitten a person or animal, was there a tear, scratch, bruise, bleeding, or puncture? (List all that apply.)

Is your dog fearful or nervous about certain people/dogs/situations? _____ If yes, please describe:

How does your dog respond to new people in your home?

How does your dog respond to grooming or bathing?

What is your reaction when your dog ignores you?

What trainers, boarding facilities, or pet services have you used for your dog in the past? (Name/City)

Please list any of the following tools that you currently use or have previously used with your dog:

Martingale Collar, Prong Collar, Choke Chain, E-Collar, Bark Collar, Citronella Collar/Spray, Spray Water Bottle, Clicker, Extendable Leash, Waist Leash, Front-Attach Harness, No-Pull Harness, Regular Harness, Head Halti, Gentle Leader, or Others:



About Your Dog's Training Goals

5 Things You Like About Your Dog

1. _____
2. _____
3. _____
4. _____
5. _____

5 Things You Wish You Could Change About Your Dog

1. _____
2. _____
3. _____
4. _____
5. _____

What made you reach out to us for training assistance?

What would you like to accomplish through training?

How would your ideal dog behave like?



Thank you for taking the time to fill out our registration form. These details will help us better serve you and your dog. We look forward to working with you!