

# CLIENT INFORMATION FORM

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help me to serve you better.

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Address \_\_\_\_\_

Breed/Mix \_\_\_\_\_ D.O.B. or Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Weight \_\_\_\_\_ Color/unique markings \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Male  Female  Intact  Neutered  Spayed

Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

If spayed/neutered, at what age? \_\_\_\_\_

Email \_\_\_\_\_

If spayed/neutered due to a behavioral problem, explain. \_\_\_\_\_

House  Townhome  Apartment  Other \_\_\_\_\_

Fenced yard?  Yes  No Invisible fence?  Yes  No

How did you hear about me?

Veterinarian  Former client  Internet  Advertisement  Breeder  Rescue/Shelter  
 Pet-related business  Other: \_\_\_\_\_

Name of referring individual, organization or publication: \_\_\_\_\_

Where did you obtain your pet?  Breeder  Individual  Shelter  Rescue Group  Pet Store

Friend/Relative  Found stray  Other: \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Were there previous owners? \_\_\_\_\_ If yes, why was the pet given up? \_\_\_\_\_

Type of ID  Microchip  Rabies/License Tag  Name Tag  Tattoo  Other: \_\_\_\_\_

Why did you get your pet? Please check all that apply:

Companionship  For the kids  For protection  To breed  Received as gift  
 Sports/Work (e.g., competition obedience, agility, hunting): \_\_\_\_\_  
 Assistance/Service pet/Therapy pet/Emotional Support pet: \_\_\_\_\_  
 Companion for other pet  Other: \_\_\_\_\_

Have you owned other pets in the past? \_\_\_\_\_ If yes, what breed? \_\_\_\_\_

List any physical/breed characteristics that contributed to your choice for your current pet:

**MEDICAL:**

Veterinarian's Name \_\_\_\_\_ City \_\_\_\_\_

Month/Year of last visit \_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ Date last vaccinated: \_\_\_\_/\_\_\_\_ Vaccine(s) given: \_\_\_\_\_

Current health problems/Medications \_\_\_\_\_

Past medical conditions/Treatment \_\_\_\_\_

Does your pet have any allergies, including food allergies? \_\_\_\_\_

Is your pet easily handled by the vet staff?  Yes  No Has he/she ever had to be muzzled?  Yes  No

Is your pet on heartworm preventative?  Yes  No Brand \_\_\_\_\_

Is your pet on flea and/ or tick preventative?  Yes  No Brand \_\_\_\_\_

May we contact and discuss health and behavioral issues with your veterinarian? \_\_\_\_\_

If yes, please initial here \_\_\_\_\_

**DIET AND ELIMINATION:**

What type of food do you feed? (e.g., raw, dry kibble, canned) \_\_\_\_\_

How often? \_\_\_\_\_ How much? \_\_\_\_\_ At approximately what times? \_\_\_\_\_

Does your pet finish all food at meals?  Yes  No If not, how long is the food left down? \_\_\_\_\_

Does your pet receive other treats/chewies?  Yes  No Frequency/type: \_\_\_\_\_

Please list 3 of your pet's favorite foods/treats: \_\_\_\_\_

How food motivated is your pet? 1-10 (1=picky-10=ravenous)

Has your pet ever become possessive of his food or a treat?  Yes  No Please describe in as much detail as possible:  
\_\_\_\_\_

Is your pet reliably housetrained?  Yes  Mostly (infrequent accidents)  No

Is your pet crate trained?  Yes  No Paper/pad trained?  Yes  No Litter box trained?  Yes  No

Do you have a pet door?  Yes  No

If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? \_\_\_\_\_

How many times per day does your pet normally defecate? \_\_\_\_\_ Does your pet circle before defecating? \_\_\_\_\_

**EXERCISE:**

What type of exercise does your pet get? (If not receiving any exercise at this time, note "none" and the reason.)  
\_\_\_\_\_

How long does the exercise last/how often is it provided? (For example, "a 15-minute walk three times daily," or "plays with neighbor's dog for an hour once a week.") \_\_\_\_\_

Who is normally responsible for exercising your pet? \_\_\_\_\_

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle collar," "head halter," "body harness," "pinch/prong collar," "choke chain." Leash examples: "6-foot nylon leash," "retractable leash.") \_\_\_\_\_

Does your pet ever become reactive toward other pets or people on walks?  Yes  No If so, please describe:

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**ENVIRONMENT/LIFESTYLE:**

List all people, including yourself, who live in your household:

Name	Gender	Age (of children)	Relationship to you
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Who will be responsible for practicing training exercises with the pet? \_\_\_\_\_

Does your pet "belong to" a particular household member (e.g., son) or everyone? \_\_\_\_\_

Do any household members dislike the pet, and if so, why? \_\_\_\_\_

Are any household members frightened of the pet, and if so, why? \_\_\_\_\_

Is the pet frightened of any household members, and if so, why? \_\_\_\_\_

Where is your pet kept when you are not at home?  Indoors not confined  Indoors confined: \_\_\_\_\_  
 In yard not confined  In yard confined: \_\_\_\_\_  In yard tied out or chained  Other: \_\_\_\_\_

When you are at home, is your pet allowed in the house?  Yes  No

If your pet is not allowed indoors at all, why not?  Allergies  Cleanliness  Not potty trained  We prefer it  
 Destructive  Other: \_\_\_\_\_

If your pet is an outdoor pet, would you like him to eventually be able to be indoors?  Yes  No

If indoors, is your pet ever confined (crated, penned) while you are home?  Yes  No How? \_\_\_\_\_

If so, how long is your pet confined on an average day? \_\_\_\_\_ Reason: \_\_\_\_\_

Where does your pet sleep at night? \_\_\_\_\_ In a crate?  Yes  No

How many hours per night does your pet generally sleep? \_\_\_\_\_ Do they wake up during the night?  Yes  No

How many hours per day is your pet without human companionship? \_\_\_\_\_

Do you have other pets?  Yes  No If so, what kind, breed, age, sex, neutered? \_\_\_\_\_

Three things I like about my pet:	Three things I do not like about my pet:

If your other pet is a dog or cat, how does your pet get along with the other pet? \_\_\_\_\_

Does your pet play with toys or play games?  Yes  No If so, what are his favorite toys/games? (These may be interactive games like tug or toys he plays with alone.) \_\_\_\_\_

What other activities does your pet enjoy? \_\_\_\_\_

Does your pet enjoy car rides?  Yes  No Where does your pet ride in the car? \_\_\_\_\_

Where are you taking your pet when you go in the car? \_\_\_\_\_

Do you groom your own pet?  Yes  No If no, where does your pet go? \_\_\_\_\_

Does your pet need to be muzzled for grooming?  Yes  No Is your pet cooperative for grooming?  Yes  No

**TRAINING:**

<input type="radio"/> No training yet <input type="radio"/> Trained him ourselves <input type="radio"/> Puppy Group <input type="radio"/> Basic Group <input type="radio"/> Inter. Group <input type="radio"/> Advanced Group <input type="radio"/> Private Lessons <input type="radio"/> Sent to trainer   If group class, did you complete the course? <input type="radio"/> Yes <input type="radio"/> No
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Training methods used (check all that apply):  Food treats    Praise    Verbal corrections    Physical corrections

List organization name and/or trainer's name: \_\_\_\_\_

Circle the behaviors your pet knows. Then, next to each, estimate what percentage of the time he will do so when asked:

Sit \_\_\_\_\_ Down \_\_\_\_\_ Stay \_\_\_\_\_ Come \_\_\_\_\_ Walk nicely on leash \_\_\_\_\_ Leave it \_\_\_\_\_

Give \_\_\_\_\_ Wait \_\_\_\_\_ Go to your place \_\_\_\_\_ Quiet \_\_\_\_\_ Off (furniture or when jumps up) \_\_\_\_\_

Others (including tricks): \_\_\_\_\_

**Check the behaviors that apply to your pet:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aggressive (describe below)       | <input type="checkbox"/> Fearful (describe below)       | <input type="checkbox"/> Anxious when alone                    |
| <input type="checkbox"/> Jumps on people                   | <input type="checkbox"/> Pulls on leash                 | <input type="checkbox"/> Destructive when alone                |
| <input type="checkbox"/> Mouthing/nipping                  | <input type="checkbox"/> Chews furniture/property       | <input type="checkbox"/> Digs in yard                          |
| <input type="checkbox"/> Urinates in house                 | <input type="checkbox"/> Urinates when excited          | <input type="checkbox"/> Defecates in house                    |
| <input type="checkbox"/> Steals food/objects/trash         | <input type="checkbox"/> Darts out doors/gates          | <input type="checkbox"/> Escapes from yard                     |
| <input type="checkbox"/> Guards food/toys/chewies/other    | <input type="checkbox"/> Excessive attention-seeking    | <input type="checkbox"/> Jumps on furniture                    |
| <input type="checkbox"/> Play biting                       | <input type="checkbox"/> Stool consumption              | <input type="checkbox"/> Understands but will not obey         |
| <input type="checkbox"/> Excessive vocalization when alone | <input type="checkbox"/> Excessive voc. when we're home | <input type="checkbox"/> Other (describe below)                |
| <input type="checkbox"/> Threatening/biting family members | <input type="checkbox"/> Threatening/biting strangers   | <input type="checkbox"/> Threatening/growling at other animals |

List any procedures/training equipment you've used to try to correct the behaviors checked on the previous page:

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What would you like help with, in order of importance?

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Has your pet ever bitten anyone?  Yes  No      Any animal?  Yes  No

If so, please describe in as much detail as possible: \_\_\_\_\_

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Has medical attention been necessary (for humans or animals) because of any aggressive incident?  Yes  No

If yes, please explain: \_\_\_\_\_

What is your pet's usual reaction when a person he has not met before enters the home? \_\_\_\_\_

When was the last time a person unfamiliar to your pet entered the home? \_\_\_\_\_

Is there anything else you feel it would be important for me to know?

May I photo or video your pet for my own private purposes? \_\_\_\_\_

If yes, please initial here \_\_\_\_\_

May I photo or video your pet to share with others or for marketing purposes? \_\_\_\_\_

If yes, please initial here \_\_\_\_\_

***Thank you for taking the time to complete this form. Your answers will allow me to serve you better. I look forward to meeting with you and your pet.***