



### Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
\_\_\_\_\_ Breed: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age/Sex: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Spay/Neut.? \_\_\_\_\_  
Ref. by: \_\_\_\_\_

Other Pets in Household: \_\_\_\_\_  
Other People in Household: \_\_\_\_\_  
Occupation/Time spent outside home: \_\_\_\_\_

Veterinarian: \_\_\_\_\_  
Medical Problems/meds/allergies: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ How many times per day? \_\_\_\_\_  
What times is dog fed? \_\_\_\_\_ Eat right away/finish meals? \_\_\_\_\_  
Other treats/snacks & how often: \_\_\_\_\_

Where was dog obtained/How long ago: \_\_\_\_\_  
Housebroken? \_\_\_\_\_ Crate trained? \_\_\_\_\_ Where does dog sleep? \_\_\_\_\_  
% time indoor/outdoor? \_\_\_\_\_ Where kept when owner gone? \_\_\_\_\_

Any previous training? Behaviors dog knows/training methods used/trainer:  
\_\_\_\_\_  
\_\_\_\_\_

Exercise Type/Frequency: \_\_\_\_\_  
Equipment used on walks: \_\_\_\_\_  
Has dog ever bitten or injured a person or animal? \_\_\_\_\_ (If yes, describe in Notes section)  
Reason for Consultation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_