



**Kinetic K9**

## **Client Information**

*Your answers on this questionnaire give me the information I need to accurately assess your dog's behavior and develop a beneficial program for you. The information you provide serves as the essential core of the exercise/behavior goals we will design and accomplish.*

**\*Please fax or mail medical records prior to your first session.**

Your name:

Partner's name:

Address:

Home phone:

Cell phone:

Email address:

Emergency Contact:

Name of dog:

Breed:

Sex (spayed or neutered? yes/no)

Date of Birth:

Does your dog have a current rabies vaccination? yes/no

If yes, when does it expire?

Does your dog have a microchip or tattoo? yes/no

Microchip #

Is your dog currently on any medication?

Vet Name & Phone:

Clinic Name & Address:

Which programs are you interested in? (If more than one, rank in order)

**Treadmill Therapy**

**Doga**

**Stretching**

**Massage**

**Off -Property Excursions:**

Swimming

Hiking

Rafting

Bicycling

**Individual Weight Management Program**

**Canine Good Citizenship Certification Program**

**Pet First Aid & CPR Courses**

**Therapy and/or Assistance Dog Training and Certification**

**FUN-da-mental Fido**

What behaviors or skills you most would like your dog to learn (please list and be specific):

Please describe any hopes or aspirations you have for your dog beyond his/her being a family pet (such as dog sports or competition obedience, showing in confirmation classes or breeding, service or assistance with your physical limitations or specific disabilities, therapy dog for hospital visitation programs)?

Please list the people, including yourself, living in your household:

Approximately how much time does your dog spend each day without human companionship?

Please list all animals in the household or that visit on a regular basis, including the one you would like help training.

Name	Species	Breed	Sex	Age
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What is your dog's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe:

What type of area do you live in? (Circle one) City/Town Suburbs Rural

### **Dog's Background**

Where did you get this dog (circle one): SPCA (animal shelter) / Breeder-newspaper ad/flyer / Breeder - referral / Pet store / Friend / Stray / Other:

Have you owned dogs before? yes/no

Has this dog had other owners? no /yes, how many?

If so, why was the dog given up?

### **Diet and Feeding**

How much do you feed your dog?

When?

Who feeds the dog?

### **Daily Schedule - Typical 24 hr day**

Please describe a typical 24-hour day in your dog's life:

How does the dog behave with visitors?

What is your dog's activity level in general (Circle one): Low / Average / High / Excessive

What is your activity level in general (Circle one): Low / Average / High

What type of exercise does your dog get on a regular basis? (check all that apply) How often? \_\_\_\_\_

Walking on leash

Running on leash

Swimming

Dog Park

Vigorous play

Plays with other dogs

Plays with kids

Agility or herding work

Fetch

No exercise at all

Other (please explain)

Is the dog free in a fenced yard?

Is the dog tied outside?

Does the dog run free?

Does your dog ever eliminate in the house? no /yes  
urinate/defecate

Where does your dog sleep at night?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

### **Obedience Training**

What basic obedience training has your dog had? (Circle one)

None/Trained at home

Started obedience classes, but didn't finish

Graduated obedience class once

Graduated obedience class two or more levels

Private trainer

How old was the dog when obedience training started?

Who in the family is the primary trainer?

What percent of the time does your dog obey commands?

Has your dog had any hunting, herding, protection, or attack training?

Have you ever competed in any form of dog sport?

Does your dog jump up on you or others without permission? yes /no

Does your dog paw at you or at others? yes /no

Does your dog ever bark at you? no /yes When? Please describe:

Does your dog bark at other times? Please describe:

Does your dog lick you? yes/no

Are there problems you are having with your dog? Please be specific and list them in the order of your priorities for training behavioral changes.

Is your dog's behavior so difficult to live with that you would consider re-homing the dog if his/her behavior does not improve?

What have you done so far to try to correct the problem?

Please describe exactly what you hope the outcome of our session are

***Thank you for completing this form! I look forward to working with you and your dog.***

***Renee***