



DOG SERVICES

Client Intake Form

Name: _____
Address: _____
Phone: _____
E-mail: _____
Ref. by: _____

Date: _____
Dog's Name: _____
Breed: _____
Age/Sex: _____
Spay/Neut.? _____

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: _____

