



Root Dog Training Client Information Form

Today's Date _____ / _____ / _____

Please answer the questions that follow as thoroughly as possible. This form should be received at least a week before the training appointment. All answers are confidential and will help us to serve you better.

Owner's Name _____ Dog's Name _____

Breed/Mix _____ D.O.B. or Age _____

Weight _____ Color/unique markings _____

Male Female Intact Neutered/Spayed

If spayed/neutered, at what age? _____

If spayed/neutered due to a behavioral problem, explain _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

Email _____

House Townhome Apartment Other _____

Fenced yard? Yes No Invisible fence? Yes No

How did you hear about us?

Veterinarian Former client Internet Advertisement Breeder Rescue/Shelter

Pet-related business Other: _____

Name of referring individual, organization or publication: _____

Where did you obtain your dog?

Breeder Individual Shelter Rescue Group Pet Store

Friend/Relative Found stray Other: _____

How long have you had your dog? _____ Were there previous owners? _____

If yes, why was the dog given up? _____

Type of ID Microchip Rabies/License Tag Name Tag Tattoo

Other: _____

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

- Companionship For the kids For protection To breed Received as gift
 Companion for other dog Sports/Work (eg., competition obedience, agility, hunting)
 Assistance/Service dog/Therapy dog/Emotional Support dog
 Other: _____

Have you owned other dogs in the past? Yes No

If yes, what breed? _____

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

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 dog have any allergies, including food allergies? _____

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

Is your dog on heartworm preventative? Yes No Brand _____

Is your dog 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 dog finish all food at meals? Yes No If not, how long is the food left down? _____

Does your dog receive other treats/chewies? Yes No Frequency/type: _____

Please list 3 of your dog's favorite foods/treats: _____

Has your dog ever become possessive of his food or a treat? Yes No

If yes, please describe in as much detail as possible:

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

Is your dog crate trained? Yes No Paper/pad trained? Yes No

Litter box trained? Yes No

Do you have a dog 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 dog normally defecate? _____

EXERCISE:

What type of exercise does your dog 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 dog? _____

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 dog ever become reactive toward other dogs or people on walks? Yes No If so, please describe:

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

Who will be responsible for practicing training exercises with the dog? _____

Does your dog "belong to" a particular household member (e.g., son) or everyone? _____

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and if so, why? _____

Is the dog frightened of any household members, and if so, why? _____

ENVIRONMENT/LIFESTYLE:

Where is your dog kept when you are not at home? Indoors not confined Indoors confined

In yard not confined In yard confined to dog run In yard tied out or chained

Other: _____

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

If your dog is not allowed indoors at all, why not? Allergies Cleanliness Not potty trained

We prefer it Destructive Other: _____

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

If indoors, is your dog ever confined (crated, penned) while you are home? Yes No

How? _____

If so, how long is your dog confined on an average day? _____

Reason: _____

Where does your dog sleep at night? In a crate? 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?

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

Does your dog 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.)-

Three things I like about my dog:

Three things I do not like about my dog:

What other activities does your dog enjoy? _____

TRAINING:

No training yet Trained him ourselves Puppy Group Basic Group

Inter. Group Advanced Group Private Lessons Sent to trainer

If group class, did you complete the course? Yes No

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 dog 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 dog:

- | | | |
|--|--|--|
| <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"/> Threatening/biting strangers |
| <input type="checkbox"/> Threatening/biting family members | <input type="checkbox"/> Threatening/growling at other animals | <input type="checkbox"/> Other (describe below) |

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

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

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

If so, please describe in as much detail as possible: _____

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

If yes, please explain: _____

What is your dog's usual reaction when a person he has not met before enters the home? _____

When was the last time a person unfamiliar to your dog entered the home? _____

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

Thank you for taking the time to complete this questionnaire. Please return it to:
 Sara McLoudrey, 1896 Park Avenue West, Highland Park, IL 60035
 Or by e-mail: sara@rootdogtraining.com