**GET REAL DOG TRAINING**

**Intake Questionnaire**

|  |  |
| --- | --- |
| Date: |       |

**Owner Information:**

|  |  |
| --- | --- |
| Owner(s) Name(s): |              |
| Cell #: |        |
| Home #: |        |
| Employer/Work #: |              |
| Address: |        |
| E-Mail Address(s): |        |

**Canine Information:**

|  |  |
| --- | --- |
| Dog’s Name: |            |
| Age:Breed:Sex:Spayed/Neutered:Weight: |                           |
| Dog 2: |       |
| Age:Breed:Sex:Spayed/Neutered:Weight: |                           |
| Dog 3: |       |
| Age:Breed:Sex:Spayed/Neutered:Weight: |                           |

**Medical History:**

|  |  |
| --- | --- |
| Veterinarian Office: |       |
| Phone#: |       |
| Address: |            |
| Current Medications: |            |
| Reason for Medications: |       |
| Dosage & Frequency: |            |
| Past Injuries or Illnesses:  |            |
| Do you authorize antivenin treatment in the event of a rattlesnake bite? |       |
| Does/do your dog(s) have any allergies (food, medical, seasonal etc.)? |       |

**Date of last vaccinations:**

|  |  |
| --- | --- |
| DHPP-Core requirement (Rabies/Hepatitis/Parvovirus/Distemper combo): |       |
| Bordetella: |       |
| Kennel Cough: |       |

**Emergency Contact Information:**

|  |  |
| --- | --- |
| Emergency Contact Name: |       |
| Cell #: |       |
| Home #: |       |
| Work #: |       |

**General Behavior and History:**

**Please place an “X” in the corresponding box next to the questions below.**

|  |  |
| --- | --- |
| **YES** | **NO** |

|  |  |  |
| --- | --- | --- |
| My dog(s) has/have good recall. | **[ ]**  | **[ ]**  |
| My dog(s) does/do well is a group or pack of dogs. | **[ ]**  | **[ ]**  |
| My dog(s) are motivated by toys. If yes please list favorites.      | **[ ]**  | **[ ]**  |
| My dog(s) play(s) well with other dogs. | **[ ]**  | **[ ]**  |
| My dog(s) has/have been in a dog fight.(If yes explain below):            | **[ ]**  | **[ ]**  |
| My dog(s) resource guard(s).(If yes list what resources they guard below): | **[ ]**  | **[ ]**  |
| My dog(s) has/have high prey drive (likes to chase critters like squirrels, cats, birds ect.).(If yes please list animals they like to chase below):      | **[ ]** **[ ]**  |  **[ ]** **[ ]**  |

|  |  |  |
| --- | --- | --- |
| My dog(s) is/are ok with having their feet/ears/coat touched. | [ ]  | [ ]  |
| My dog(s) pull(s) on leash. | [ ]  | [ ]  |
| My dog(s) has/have shown signs of aggression.(If yes please describe below in detail each instance. Please include instances of leash aggression no matter how mild).      | [ ]  | [ ]  |
| My dog(s) has/have bitten another dog or human.(If yes please explain in detail).      | [ ]  | [ ]  |
| My dog(s) has/have been trained to bite, guard or has/have been trained in shutzhund.  | [ ]  | [ ]  |
| My dog(s) get(s) nervous or antsy on car rides. | [ ]  | [ ]  |
| My dog(s) jump(s) on people. | [ ]  | [ ]  |
| My dog(s) pee(s) when excited. | [ ]  | [ ]  |
| My dog(s) chew(s) up toys, leashes etc.  | [ ]  | [ ]  |
| My dog(s) like(s) to eat or roll in poop. (Please specify). | [ ]  | [ ]  |
| My dog(s) likes to attack fences to try and get to other dog, people, etc.(If yes please explain in detail).      | [ ]  | [ ]  |
| My dog is shy or behaves oddly around only specific people or things. (Please explain)      | [ ]  | [ ]  |

**Commands:**

**Please rate how your dog(s) perform(s) when given each command. Some level of obediance is required for off leash exercise, as our walks are not training sessions; they are for recreation purposes only.**

**Please place an “X” in the corresponding box next to the commands below.**

|  |  |  |
| --- | --- | --- |
| Very Proficient | Sometimes | Never |

|  |  |  |  |
| --- | --- | --- | --- |
| SIT | [ ]  | [ ]  | [ ]  |
| STAY | [ ]  | [ ]  | [ ]  |
| LEAVE-IT | [ ]  | [ ]  | [ ]  |
| COME/HERE | [ ]  | [ ]  | [ ]  |
| WAIT | [ ]  | [ ]  | [ ]  |
| OFF | [ ]  | [ ]  | [ ]  |
| GO TO BED or CRATE | [ ]  | [ ]  | [ ]  |
| HEEL | [ ]  | [ ]  | [ ]  |
| WHOA/HALT | [ ]  | [ ]  | [ ]  |
| OTHER KNOWN COMMANDS           | [ ]  | [ ]  | [ ]  |
| DOWN OR LAY | [ ]  | [ ]  | [ ]  |

**Household Protocol/Routine:**

|  |  |
| --- | --- |
| Is/Are your dog(s) crated, loose in the house, or restricted to certain quarters of the home or yard? Please explain. |       |
| What, when, and how much do they eat?  |       |
| Are there other animals in your home? If so please let us know what type, temperament and whether or not we need to interact with them. |       |
| Is there parking? If so where? |       |
| What, when, and how much do they exercise? |       |

**Please take this space to add any details or to touch on other behaviors we should know about not covered on this form.**