**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.**