



Training Intake Form

Client's Name:	Date:
Phone #:	Email:
How did you hear about us?	
Preferred site for training (please x, circle or highlight): Animal Keeper Poway Animal Keeper Encinitas Animal Keeper Oceanside Pet Suites (Aliso Viejo)	
Dog's Name:	Dog's Age:
Dog's Breed:	Spayed/neutered?
Adoption Date:	Name of rescue/shelter/breeder:
Who is your veterinarian? (Name and phone number)	
Most recent vet visit and results:	
Any current medical issues? <input type="checkbox"/> No <input type="checkbox"/> Yes(please specify):	
Current on vaccinations? <input type="checkbox"/> DHPP <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella <input type="checkbox"/> Other:	
What are your behavior change goals for your dog?	
Resource Guarding-Humans	
Does your dog have any toys he/she prefers not to share with humans? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which toys?	
What does your dog do when a person reaches for something he/she has?	
How does your dog respond when a person approaches where he/she's resting?	
What about when another person approaches you?	
Does that change if you have food or treats?	
How does your pet let people know he/she doesn't want to share?	

Barrier Frustration

What does your dog do when he/she sees another dog while on leash?

What does your dog do when he/she sees another dog when he/she's behind a fence or looking through a window, such as at home or in the car?

Dog-People Relations

Would you say that your dog warms up to new people:

Immediately Quickly Over Time

Is your dog comfortable:

Having his/her collar put on and taken off?
How can you tell?

Loves it Tolerates it Hates it

Having his/her leash put on and taken off?
How can you tell?

Loves it Tolerates it Hates it

Being picked up, petted, and hugged?
How can you tell?

Loves it Tolerates it Hates it

Has your dog ever bitten or snapped at a person? No Yes. If yes did the incidents involve: (Check all that apply)

Male Female Child aged:

Toys or other objects Food Space(such as favorite couch, bed, sleeping spot)

Being Approached Being Reached for or Picked Up Being Petted On:

Other(please specify):

Not Sure

Describe what happened:

Prior Training

Has your dog had previous training? Y/N

If so, was it: (check all that apply)

Group training, Private training, Board and train?

If your dog has had specialized training (protection, hunting, etc) please specify:

Did the training involve: (check all that apply)

Lure and reward Clicker Choke Chain Electronic training collar Other(please specify):