

Blue Creek Canine's
Client Intake Form – Private Training Session



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? _____ Where 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)

Notes _____

Goals: _____

