

Southern Oregon Service Dog Training

Client Information Form

Please answer the questions that follow as thoroughly as possible.
All answers are confidential and will help us to serve you better.

Owner's Name _____ Dog's Name _____

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

City _____ State _____ Zip _____ Weight _____ Color/unique markings _____

Home Phone _____ Cell Phone _____
____ Male ____ Female ____ Intact ____ Neutered ____ Spayed

Email _____ If spayed/neutered, at what age? _____

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

____ House ____ Apt. ____ Other: _____ Fenced yard? Y / N Invisible fence? Yes / No

How did you hear about me?

____ Veterinarian ____ Former client ____ Internet ____ Advertisement ____ Breeder ____ Shelter
____ Pet-related business ____ Other: _____

Name of referring individual, organization or publication: _____

Where did you obtain your dog? _____

How long have you had your dog? _____ Previous owners? Y / N If yes, why was 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 kids ____ For protection ____ To breed ____ Received as gift
____ Sports/Work = ____ Competition ____ Obedience ____ Agility ____ Hunting
____ Assistance/Service dog ____ Therapy dog ____ Emotional Support dog
____ Companion for other dog ____ To give incentive for me to exercise

____ Other: _____

Have you owned dogs in the past? ____ Yes ____ No If yes, what breed? _____

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

Dog's Medical Information:

Veterinarian's Name _____ City, St: _____

Month/Year of last visit _____ / _____ Reason _____

Does your dog have any allergies, including food allergies? _____

Is your dog on heartworm preventative? ___ Y / N Brand: _____

Is your dog on flea and/or tick preventative? ___ Y / N Brand: _____

DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned) _____

How often? _____ How much? _____ Time of day? _____

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? Y / N Frequency/type: _____

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

Has your dog ever become possessive of his food or a treat? Y/N Please describe in as much detail as possible:

Is your dog reliably housetrained? Yes Mostly No Is your dog crate trained? Y / N

Paper/pad trained? Y / N Litter box trained? Y / N Do you have a dog door? Y / N

If not, how many times do you let your dog out (or take him on walks) to eliminate? _____

How many times per day does your dog normally defecate? _____

Three things I like about my dog:

Three things I do not like about my dog:

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? _____

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular 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? Y /N If so, please describe:

ENVIRONMENT/LIFESTYLE:

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

Name	Gender	Age (of children)	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? _____

Where is your dog kept when you are not at home? Indoors not confined Indoors confined In yard
 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? Y / N How? _____

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

Does your dog sleep in a crate at night? Y /N If not where: _____

How many hours per day is your pet without human companionship? _____

Do you have other pets? Y /N 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? Y / N If yes, what are his favorite toys/games?
These may be either interactive games like tug or toys he plays with when he/she is alone.

What other activities does your dog enjoy?

TRAINING:

No training yet Trained him ourselves Puppy Group Basic Group Intermediate Group

Advanced Group Private Lessons Sent to trainer If a group class, did he / she complete the class? Y / N

Training methods used (check all that apply): Food treats Praise Verbal corrections Physical corrections

List organization 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): _____

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?

Check all 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 you're home | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Threatening/biting family members | <input type="checkbox"/> Threatening / biting strangers | <input type="checkbox"/> Threatening/growling at other dogs |

Has your dog ever bitten anyone? Y / N Any dog? Y / N

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

Has medical attention been necessary (for humans or animals) because of any aggressive incident? Y / N

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 me to know?

**Thank you for taking the time to complete this form. Your answers will allow us to serve you better.
We look forward to meeting with you and your dog.**