



New Client Questionnaire

Owner(s) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Dog's Name: _____ Age: _____ Gender: M F

Is your dog neutered or spayed? Y N Breed of your dog? _____

When did your dog join your family? _____

Where did you get your dog? Breeder Rescue Other _____

Do any children live at home with the dog? Y N

If yes, what are their ages? _____

What other pets do you have in your home? _____

How does your dog interact with other pets? _____

What type of collar/leash do you use to walk your dog?

Flat Collar Slip Lead Gentle Leader Martingale Harness Other _____

Do you crate your dog? Y N

Has your dog ever bitten anyone (other than play biting)? Y N

If yes, please describe _____

Do you free feed your dog or feed at specific time(s)?

How food motivated is your dog? (Not at all) 1 2 3 4 5 6 7 8 9 10 (Very)

How treat motivated is your dog? (Not at all) 1 2 3 4 5 6 7 8 9 10 (Very)

*Does your dog:

jump on people?	Y	N
counter surf?.....	Y	N
jump on the furniture uninvited?	Y	N
mount people or objects?	Y	N
urinate when excited/afraid?.....	Y	N
act aggressive towards other dogs?.....	Y	N
growl at family members or new people?	Y	N
guard food, toys, or anything else?.....	Y	N
pull on the leash?	Y	N
bark or whine excessively?.....	Y	N
have separation anxiety?.....	Y	N
have containment anxiety?	Y	N
play bite/put teeth on people?	Y	N
chew destructively?.....	Y	N
come when called?	Y	N
bolt through open doors?	Y	N
act fearful or shy?.....	Y	N

*Feel free to elaborate on any yes or no questions

What are your ultimate goals for you and your dog? _____
