

The Canine Center for Training and Behavior New Client Paperwork

PLEASE PRINT OUT THIS FORM, COMPLETE ALL INFORMATION AND BRING WITH YOU

CLIENT NAME: _____ PROFESSION: _____ DATE OF VISIT: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

WHERE DID YOU HEAR ABOUT US? _____

SPOUSE/PARTNER NAME: _____ PROFESSION: _____

PHONE NUMBER: _____ EMAIL: _____

CHILDREN/OTHER HOUSEHOLD MEMBERS NAMES/AGES: _____

1ST DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____

GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)

BREED/COLOR: _____

PRIMARY REASON FOR VISIT: _____

CURRENT MEDICAL CONDITIONS: _____

HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____

____ I OWN THIS DOG ____ I handle this dog for _____

2ND DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____

GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)

BREED/COLOR: _____

PRIMARY REASON FOR VISIT: _____

CURRENT MEDICAL CONDITIONS: _____

HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____

____ I OWN THIS DOG ____ I handle this dog for _____

For all dog training services in the form of Canine Behavioral Evaluations, Private or Individual Lessons, Tutor Days, and/or Group Classes (hereinafter "Services") offered by THE CANINE CENTER FOR TRAINING AND BEHAVIOR, LLC ("TCCTB") and its subsidiaries & adjuncts, the undersigned client ("CLIENT") understands and agrees to that:

- 1) TCCTB, its instructors and its assistants are acting in good faith while providing Services to Client | Client's dog and has provided facilities and equipment necessary for Services. Reasonable precautions have been taken to provide a safe environment for the provision of Services.
- 2) Client agrees to hold harmless TCCTB, its instructors and its assistants for any injury that may be incurred by Client or Client's dog as a result of our participation in Services provided by TCCTB.
- 3) All TCCTB trainer programs, methods, forms, or any other materials, methods, information are confidential, with the exception of reports specifically created for public use; Client will not disclose these to any third parties, nor attempt to alter for other use. Client will honor Copyrighted and Trademarked materials.

Client Signature

Client Printed Name

Date

History for _____ (please fill out separate history for each dog)

(Dog First and Last Name)

Is your dog currently pregnant or in heat? Y | N (circle one)

Where did you get your dog? _____

Why did you get this dog? _____

List any behavior problems in the home (barking, chewing, etc) _____

List behavior problems out of the home (leash manners, etc) _____

What brand(s) of dog food do you feed? _____ How often? _____

Where is the dog food kept? _____

What treats does your dog like? _____

What games does he/she like? _____ How long does he/she play _____

What toys does he/she like? _____

Where are the toys kept? _____

Where does your dog sleep at night? _____ During the day? _____

Is your dog crate trained? Y | N How does he/she feel about the crate? (circle one) Love Hate Tolerate Destroy

Where is the crate kept? _____ Does he/she show aggression around the crate? Y | N (circle one)

How much time does he/she spend alone each day? _____

Where is he/she kept when you're not home? _____

Where and who does your dog stay with when you go out of town? _____

Do you have a dog door? _____

How does your dog respond to grooming? _____

Where does your dog go to get groomed? _____

HAS YOUR DOG EVER	YES	NO	PLEASE PROVIDE DETAILS
Urinated on you or other members of your immediate family?			
Growled at you or other members of your immediate family?			
Snapped at or bitten you or other members of your immediate family?			
Snapped at or bitten visitors?			
Snapped at or bitten strangers?			

Does your dog like? (circle all that apply) **Men** **Women** **Male dogs** **Female dogs**

Does your dog dislike certain people or dogs? **Y | N** Details? _____

What situations does your dog dislike? _____

Does your dog have any fears or sensitivities? _____

How do you correct or respond to misbehavior? _____

To what degree? _____

Have you ever or do you currently use the physical alpha role? **Y | N** (circle one)

Medical History and Vet Information

Vet Clinic _____ Doctor's Name _____

Date of last blood work if any _____

Past medications used? _____

Past Medical Issues | Injuries | Surgeries (include dates): _____

Are shot records current? **Y | N** (circle one) When was your last vet visit? _____

Reason for visit: _____

Any additional information that might be relevant to your visit: _____

Trainer Notes:

Additional Dogs

3rd DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____
GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)
BREED/COLOR: _____
PRIMARY REASON FOR VISIT: _____
CURRENT MEDICAL CONDITIONS: _____
HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____
____ I OWN THIS DOG ____ I handle this dog for _____

4th DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____
GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)
BREED/COLOR: _____
PRIMARY REASON FOR VISIT: _____
CURRENT MEDICAL CONDITIONS: _____
HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____
____ I OWN THIS DOG ____ I handle this dog for _____

5th DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____
GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)
BREED/COLOR: _____
PRIMARY REASON FOR VISIT: _____
CURRENT MEDICAL CONDITIONS: _____
HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____
____ I OWN THIS DOG ____ I handle this dog for _____

6th DOG NAME: _____ **AGE:** _____ **AGE OBTAINED:** _____
GENDER: M | F (circle one) **SPAYED/NEUTERED?** Yes | No (circle one)
BREED/COLOR: _____
PRIMARY REASON FOR VISIT: _____
CURRENT MEDICAL CONDITIONS: _____
HEART WORM MEDICATION BRAND: _____ **DATE GIVEN EACH MONTH:** _____
____ I OWN THIS DOG ____ I handle this dog for _____