



CLIENT INFORMATION FORM

Dog Star Training, LLC
314-422-2700
judy@dogstars.biz

Today's Date ____ / ____ / ____

Please answer the questions that follow as thoroughly as possible. This form should be received with your deposit at least a week before the training appointment. 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 _____ Work Phone _____

Male Female Intact Neutered Spayed

Cell Phone _____ Occupation _____

If spayed/neutered, at what age? _____

Email _____

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

House Townhome Apartment Other _____

Fenced yard? Yes No Invisible fence? Yes No

How did you hear about us?

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

Name of referring individual, organization or publication: _____

Where did you obtain your dog? Breeder Individual Shelter Rescue Group Pet Store
 Friend/Relative Found stray Other: _____

How long have you had your dog? _____ Were there previous owners? _____ If yes, why was the 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 the kids For protection To breed Received as gift
 Sports/Work (e.g., competition obedience, agility, hunting): _____
 Assistance/Service dog/Therapy dog/Emotional Support dog: _____
 Companion for other dog Other: _____

Have you owned other dogs in the past? _____ If yes, what breed? _____

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

MEDICAL:

Veterinarian's Name _____ City _____

Month/Year of last visit ____ / ____ Reason _____

_____ Date last vaccinated: ____ / ____ Vaccine(s) given: _____

Current health problems/Medications _____

Past medical conditions/Treatment _____

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

Is your dog easily handled by the vet staff? Yes No Has he/she ever had to be muzzled? Yes No

Is your dog on heartworm preventative? Yes No Brand _____

Is your dog on flea and/ or tick preventative? Yes No Brand _____

May we contact and discuss health and behavioral issues with your veterinarian? _____

If yes, please initial here _____

DIET AND ELIMINATION:

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

How often? _____ How much? _____ At approximately what times? _____

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? Yes No Frequency/type: _____

Please list 3 of your dog's favorite foods/treats: _____

Has your dog ever become possessive of his food or a treat? Yes No Please describe in as much detail as possible: _____

Is your dog reliably housetrained? Yes Mostly (infrequent accidents) No

Is your dog crate trained? Yes No Paper/pad trained? Yes No Litter box trained? Yes No

Do you have a dog door? Yes No If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? _____ How many times per day does your dog normally defecate? _____

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? (For example, "a 15-minute walk three times daily," or "plays with neighbor's dog for an hour once a week.") _____

Who is normally responsible for exercising your dog? _____

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle 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? Yes No 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 not confined 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? Yes No How? _____

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

Where does your dog sleep at night? _____ In a crate? Yes No

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

Do you have other pets? Yes No If so, what kind, breed, age, sex, neutered? _____

Three things I like about my dog:

Three things I do not like about my dog:

_____	_____
_____	_____
_____	_____

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? Yes No If so, what are his favorite toys/games? (These may be interactive games like tug or toys he plays with alone.) _____

What other activities does your dog enjoy? _____

TRAINING:

- No training yet Trained him ourselves Puppy Group Basic Group Inter. Group Advanced Group
 Private Lessons Sent to trainer If group class, did you complete the course? Yes No

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

List organization name and/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): _____

Check the behaviors that apply to your dog:

- | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Aggressive (describe below) | <input type="radio"/> Fearful (describe below) | <input type="radio"/> Anxious when alone |
| <input type="radio"/> Jumps on people | <input type="radio"/> Pulls on leash | <input type="radio"/> Destructive when alone |
| <input type="radio"/> Mouthing/nipping | <input type="radio"/> Chews furniture/property | <input type="radio"/> Digs in yard |
| <input type="radio"/> Urinates in house | <input type="radio"/> Urinates when excited | <input type="radio"/> Defecates in house |
| <input type="radio"/> Steals food/objects/trash | <input type="radio"/> Darts out doors/gates | <input type="radio"/> Escapes from yard |
| <input type="radio"/> Guards food/toys/chewies/other | <input type="radio"/> Excessive attention-seeking | <input type="radio"/> Jumps on furniture |
| <input type="radio"/> Play biting | <input type="radio"/> Stool consumption | <input type="radio"/> Understands but will not obey |
| <input type="radio"/> Excessive vocalization when alone | <input type="radio"/> Excessive voc. when we're home | <input type="radio"/> Other (describe below) |
| <input type="radio"/> Threatening/biting family members | <input type="radio"/> Threatening/biting strangers | <input type="radio"/> Threatening/growling at other animals |

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?

Has your dog ever bitten anyone? Yes No Any animal? Yes No

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

Has medical attention been necessary (for humans or animals) because of any aggressive incident? Yes No

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 us 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.

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