

Trainer Dan LLC
Training and Behavioral Consulting for Dogs and Cats
Client Information Form

Today's Date:

Your Name:

Names and relationship to you of other humans in your household:

Phone:

Email:

Street Address:

Pet Name:	Species:
Sex:	Breed:
Age/Date of Birth:	Weight:

Please copy and fill out the above cells for all pets in your home

Veterinarian:

Is your pet spayed or neutered?

Do you have a copy of the rabies certificate for each animal in your home?

1. What are your current behavioral challenges and training goals?
2. Did the people you acquired your pet from provide you with any background information or behavioral history?
3. Has your pet had previous training? If so, please describe when, where, for how long, and with what trainer.
4. Please describe precisely what you've observed when your pet reacts to new people. Is your pet's behavior different on leash vs off leash? In the house vs out in the yard?
5. Has your pet ever growled, hissed, lunged, nipped, bitten, scratched, snapped at or otherwise done anything to anybody that caused injury or made you or others nervous or afraid?
6. Does anyone in the family (four-legged or two-legged) have any dietary restrictions or health issues that might affect training?
7. If you have any other animals in the household (including pets who are just visiting or who may belong to someone else) can you tell me a little about them (age, species, breed, size, health, behavior with visitors and bite history if applicable)?