

Infinite Dog Training Intake Questionnaire

Owner Information	
Name(s)	
Address	
Phone	Additional Phone (Spouse, Home, Work, etc.)
Email	Referral Source

Dog Information	
Name	Birth Date or Age
Breed	Gender
Spayed/Neutered	How Obtained
Breeder (if applicable)	Age Obtained
Personality (confident, anxious, dominant, submissive, mellow, excitable, sweet, aloof, etc.)	

Veterinarian Information	
Name of Vet Clinic	Preferred Doctor(s)
Clinic Address	Clinic Phone
Preferred After Hours or Emergency Clinic	Emergency Clinic Phone
Emergency Clinic Address	May We Contact Your Vet?
Health Issues	
Rabies Vaccine Date	Due in 1 Year__Due in 3 years__ Distemper Combo Date
Bordatella Date	Brand of Heartworm Preventative
Brand of Flea & Tick Preventative	

Feeding Instructions -Please bring your dog's food and treats so we don't switch and cause digestive upset	
Brand & Variety of Food	Cups per Meal
Times per Day	What Time
Brand of Treats	Describe Appetite (poor, fair, good, excellent)

Medications/Supplements	Dosage _____AM____PM
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Miscellaneous Information	
How Does Your Dog React to Nail Trims?	Is Your Dog Completely House Trained?
What Time In The Morning is Your Dog's First Poddy Break	What Time in The Evening is Your Dog's Last Poddy Break
Does Your Dog Have Healthy Digestion (Bouts of Diarrhea or Vomiting?)	When You Leave Your Dog Home Alone Do You Confine in a Crate or Kennel?
Have You Introduced Your Dog To Any Training Aids? (Collars, Clickers, Harnesses, etc.)	
What commands does your dog already know?	

Aggression History	
Has Your Dog Ever Displayed Aggression? (Please Circle All That Apply & Describe: Biting, Growling, Showing Teeth, Lunging & Barking)	
If Your Dog Has Bitten or Growled (Circle Which One) at a Person or Other Dog, How Often Has It Happened?	Has Another Person or Dog Needed Medical Attention Because of Your Dog's Aggression?
Is Anyone in Your Family Afraid Or Anxious Because of Your Dog's Aggressive Behaviors (Including Other Pets)?	If Your Dog's Aggression Is Not Resolved, Will You Still Be Able To Keep Him/Her?
List Any Triggers of Your Dog's Aggression (Strangers, Guests, Touched in a Certain Way, etc.)	

Principal Reasons For Seeking Dog Training Services
Briefly Describe Behaviors You Wish Your Dog Did NOT Do (Jumping Up, Barking, Aggression, Reactive to Other Dogs/People, Anxiousness/Fearfulness, Mouthy, etc.)
Briefly Describe Behaviors You Wish Your Dog DID do (Obey Obedience Commands in General, Come When Called, Not Pull On Leash, Down Stay, Respond Better to "No", etc.)
Most Important Behaviors You Want Improved (Circle Ones Listed Above or Describe in More Detail Here)
List Other Behaviors That Would Be Nice To Also Have Improved (Underline Ones Listed Above or Describe in More Detail Here)