



raising k9

— BOARDING • TRAINING • DAYCARE —

Elisa Kamens, CPT
Certified Personal Trainer
410-868-2275
<http://raisingk-9.com>

Date of Consultation: _____

BACKGROUND INFORMATION

Your Name: _____

Address: _____

Cell Phone: _____ Email: _____

Referral: _____

Name of Dog: _____ Breed/Type: _____

Age: _____ Sex: MALE FEMALE

Is your pet Spayed/Neutered: YES NO

If so, when was it done? _____

EARLY HISTORY

- Is this your first dog (not including childhood pets)?
- How old was your dog when you got him/her?

NOTE: No amount of training or work sessions by a professional can supersede what you teach your dog in everyday life. For this reason, a dog's behavior and conduct is a responsibility that ultimately rests with the owner.

- Can you state where he/she came from? (Breeder, Kennel, etc.)
- Was he/she re-homed or from a rescue center?
- Why was he/she re-homed?

MEDICAL HISTORY

- To your knowledge, does your dog have any current/recurring medical concerns?
- List any current medications.

NUTRITION/DIET

- What type/brand of food do you feed him/her?
- How many times a day is he or she fed?
- What time of day do you feed him/her?
- List any supplements your dog ingests, e.g. Vitamins
- Is he/she a Finicky or Veracious Eater?

EXERCISE

- What type of exercise does your dog get?
- How many hours of exercise does he/she get each day?
- Does he/she prefer being alone or with other dogs?
- Do you keep your dog on a lead or allow him/her to run loose?
- Does he/she enjoy taking walks?
- How much interaction/play does he/she get with other dogs?
- What is your dog's favorite toy?
- What is your dog's favorite game with humans?
- Where do you keep your dog's toys?
- Does your dog have free access to his/her toys?

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HOUSING

- Where does your dog sleep at night?
- Where does he/she stay when you go to work/leave home?
- Is he/she left on a regular schedule? If so, for how long/day?
- Are there any problems (i.e. accidents, hyperactivity) when you are gone? Explain any concerning behaviors.

TRAINING HISTORY

- Describe how the dog was potty trained.
- Does he/she walk to heel?
- Does he/she come when called?
- Does he/she drop objects when asked?
- Have you & your dog attended training classes together? How old was the dog?
- How long was the training?
- Explain any concerns during/after the training?

(HUMAN) FAMILY MEMBERS

- How many humans are in your household?
- Any under 18? List the ages.
- Does anyone NOT interact with the dog?
- Do you have any other pets in the home? (List type, age & sex)

YOUR CONCERNS

For example, is he or she good...

CIRCLE ONE

With children?

Yes No

With strangers?

Yes No

With family members?

Yes No

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To groom or bath?	Yes	No
With nail clipping?	Yes	No
With cats?	Yes	No
With loud noises?	Yes	No
When meeting other dogs?	Yes	No

Would you describe your dog as:

A fussy feeder?	Yes	No
Aggressive in any situation?	Yes	No
Aggressive to other dogs?	Yes	No
Nervous of anything?	Yes	No
Strangers or loud noises?	Yes	No
Bouncy and enthusiastic?	Yes	No
Sociable?	Yes	No
Confident?	Yes	No
Are there any other problems with the dog?	Yes	No
Do you need to sedate him/her when you go to the vet or for clipping nails?	Yes	No

REHABILITATION

How much time do you feel able to commit to working with your dog to solve these concerns?

Thank you very much for your co-operation in completing this questionnaire.

Once I receive your form, **I'll be in touch within 36 hours** to set up a face-to-face consultation with you and your dog.

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