



207.653.5532

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# DOG TRAINING IN-TAKE FORM

Date \_\_\_\_\_

Please answer the questions that follow as thoroughly as possible. Once you are finished, please email this form back to me as soon as possible so that I can review it. All answers are confidential and will help me to serve you better.

Owner's Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Address \_\_\_\_\_ Breed/Mix \_\_\_\_\_ Age & DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Weight \_\_\_\_\_ Color/unique markings \_\_\_\_\_

Male  Female  Intact  Neutered/Spayed

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_ If spayed/neutered, at what age? \_\_\_\_\_

Email \_\_\_\_\_

House  Townhome  Apartment  Other \_\_\_\_\_ Fenced yard?  Yes  No Invisible fence?  Yes  No

**What services are you interested in:**  Private Training  Board & Train  Day Training  Boarding  Dog Walking  
 Classroom Session  CGC Training  Puppy Day Care

### How did you hear about My Pet Nanny University?

Veterinarian  Former Client  Advertisement  My Pet Nanny Client  Rescue/Shelter  Internet  
 Website  Facebook  Twitter  Other: \_\_\_\_\_

Where was your dog prior to living with you? (List Company or Organizations name) \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

What would you like help with, in order of importance?

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## DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned) \_\_\_\_\_  
How often? \_\_\_\_\_ How much? \_\_\_\_\_ At approximately what times? \_\_\_\_\_

## MEDICAL INFORMATION & HISTORY:

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 a history of seizures? \_\_\_\_\_

\*Does your dog have a history of bloat/twisted stomach? (If so please describe when the last occurrence was and how it was treated.) \_\_\_\_\_

\*\*Does your dog have any food allergies? (This is important for the training process) \_\_\_\_\_

Does your dog receive treats?  Yes  No Please list treats: \_\_\_\_\_

Has your dog ever become possessive/resource guards his/her food or a treat?  Yes  No Please describe in as much detail as possible:  
\_\_\_\_\_

Does your dog growl, snap etc. if people or another dog gets near while eating?  Yes  No Describe: \_\_\_\_\_

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

Is your dog crate trained?  Yes  No Paper/pad 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? \_\_\_\_\_

## TRAINING HISTORY:

No training yet    Trained him/her ourselves    Puppy Class    Basic Class    Advanced Class

If group class, did you complete the course?    Yes    No

Private Lessons    Sent to trainer; Who & for how long: \_\_\_\_\_

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

List organization name and/or trainer's name: \_\_\_\_\_

Mark 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) \_\_\_\_\_

## EXERCISE & ENRICHMENT:

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? \_\_\_\_\_

How much time do you and or your family spend interacting with your dog daily? \_\_\_\_\_

If walks are provided, what type of equipment is being used? (Collar, harness, choker, regular or retractable leash etc.)  
\_\_\_\_\_

What does your dog do if he/she sees another dog, children, bicycle or car pass by?  
\_\_\_\_\_

Does your dog ever become reactive toward other dogs or people on walks?    Yes    No   If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

What does your dog do if you try to take a toy away from him/her?  
\_\_\_\_\_

Where is your dog kept when you are not at home? \_\_\_\_\_

## HOUSEHOLD INFORMATION:

List all people, including yourself, who live in your household:

Name

Gender

Age

Relationship to you

Name	Gender	Age	Relationship to you

When you are at home, is your dog confined or does he/ she have run of the house? \_\_\_\_\_

If confined, 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? \_\_\_\_\_

If your other pet is a dog or cat, how does your dog get along with the other pet? \_\_\_\_\_

What activities does your dog enjoy? (Tug, hide & seek, find it, mental enrichment toys etc.)

**Things I like about my dog:**

**Things I'd like to change:**

_____
_____
_____

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_____
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## Behaviors that apply to your dog:

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

## Handling:

Are there any sensitive spots where your dog does not like to be touched? (Explain)

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Can your dog get lifted without becoming aggressive or putting up a fight? (If no, explain)

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Will your dog allow me to wipe off its feet and belly if he/she got dirty or wet?

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Does your dog enjoy getting bathed or wet? (If no, please explain)

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## Bite History:

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

If so, please describe in as much detail as possible: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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What is your dog's usual reaction when a person he/she has not met before enters the home? \_\_\_\_\_

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Is there anything else you feel would be important for us to know? \_\_\_\_\_

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***Thank you for taking the time to complete this form. Your answers will allow me to serve you better.***

***I look forward to meeting with you and your dog.***

**Deb Norris, VSA Graduate**

**My Pet Nanny University**