Pet Information



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| **Pet(s)** name(s): |
| **Client(s)** name(s): |

Three things I like about my dog: Three things I do not like about my dog:

Who will be responsible for and involved in practicing training exercises with the dog?

Is your dog particularly attached to a certain household member?

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?

**OTHER PETS:**

Do you have other pets besides those mentioned?

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

**HOME ALONE:**

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

Is your dog ever confined (crated, penned) while you are home or away?

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

Where does your dog sleep at night?

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

**MEDICAL:**

Any current health problems/medications/special diet?

Any past medical conditions/treatment:

Any allergies, including food allergies?

Any phobias/fears/anxiety?

**EXERCISE/ACTIVITIES**:

What type of exercise does your dog get? (If not receiving any at this time, note “none” and the reason.)

What kind of mental stimulation and enrichment does your dog get?

How does your dog do on walks?

How much time a day does your dog get to sniff where there are new smells?

Does your dog play with toys or play games?

If yes, what are his/her favorite toys/games?

What other activities does your dog enjoy?

**TRAINING:**

What have you already taught your dog (including tricks)?

Have you attended any classes?

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

O Other:

List organization name and/or trainer’s name:

List any procedures/training equipment you’ve used to try to correct the behaviors you struggle(d) with.

**OTHER BEHAVIORS:**

What is your dog’s usual reaction when a person he has not met before enters the home?

Has your dog ever bitten anyone? O Yes O No Any animal? O Yes O No  
*(If yes to either, please also download, fill out, and return the Behavioral Questionnaire.*

**MARK THE BEHAVIORS THAT APPLY TO YOUR DOG(S) (even if previously mentioned):**

O Aggressive (describe below)

O Fearful (describe below)

O Anxious when alone

O Jumps on people

O Pulls on leash

O Destructive when alone

O Mouthing/nipping

O Chews furniture/property

O Digs in yard

O Urinates in house

O Urinates when excited

O Defecates in house

O Steals food/objects/trash

O Darts out doors/gates

O Escapes from yard

O Guards food/toys/chewies/other

O Excessive attention-seeking

O Jumps on furniture when not allowed

O Play biting

O Doesn’t come when called

O Stool consumption

O Understands but will not obey

O Doesn’t listen when out and about

O Excessive vocalization when alone

O Excessive voc. when we’re home

O Threatening/biting family members

O Threatening/biting strangers

O Threatening/growling at other animals

Is there anything else you feel it would be important for me to know?

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

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

***Please send it to me in time for me to read and prepare before our appointment.***

*For emailing the questionnaire:* [*stine\_theede@yahoo.com*](mailto:stine_theede@yahoo.com)

*For texting it: 208-860-5919*

*For mailing it: Get a Grip \* 9500 W Marigold St. \* Garden City, ID 83714*

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