



Owner''s First Name

Owner''s Last Name

Street Address

City

State

Zip Code

Home Phone Number (You must provide at least 1 phone number)

Work Phone Number (You must provide at least 1 phone number)

Cell Phone Number (You must provide at least 1 phone number)

E-mail Address

Emergency Contact Name

Emergency Contact Phone Number

How did you hear about us? Please be specific we have a referral program.

Dog's Name

Dog's Breed

What made you decide on this breed/mix and this particular dog over other dogs?

Dog's Date of Birth

Month

Day

Year

Gender

Male

Female

Veterinary Clinic

Vet's Name

Is your dog spayed or neutered?

Spayed

Neutered

Not Fixed

If your dog is spayed/neutered: At what age were they fixed? Where there any behavioral changes that occurred AFTER being spayed/neutered?

If your dog is intact:

My dog has been bred in the past

I plan to breed my dog in the future

I don't plan to breed my dog

I will spay/neuter my dog when they are old enough

If your dog has been bred in the past: How many litters and how old were they?

If you have an intact female: When was her last heat? Where there any behavioral changes DURING or AFTER her last heat?

How long have you owned your dog?

Where did you get your dog?

What do you know about your dog's history?

How old was your dog when it was taken from it's mother and litter mates?

Has a temperament test or evaluation ever been done on your dog?

Yes

No

Don

If yes, when was the test and what was determined?

What was the date of your last vet visit and why were you visiting the vet?

What is the overall health of your dog?

Have you had any blood work done on your dog? If yes, please explain in detail.

Is your dog now taking, or has taken in the past, any supplements or medication?

- Yes
- No
- Don

If Yes above: What was your dog taking? What was your dog taking medication/supplement for? Or if they are no longer taking them why did you take them off?

Does your dog have any allergies?

- Yes
- No
- Don

If Yes above: What is your dog allergic to?

Yes
No
Don

If Yes above: Please explain in detail the injury that occurred.

Has your dog gone through anything dramatic that effected his/her behavior?

Yes
No
Don

Do you feel your dog has separation anxiety?

Yes
No
Maybe/Don

If Yes or Maybe above: What makes you feel that your dog has separation anxiety?

How much alone time does your dog get during the week and the weekend?

How does your dog behave when you return home?

Have you moved since acquiring your dog?

Yes

No

If Yes above: How many times have you moved?

Has your household changed since you have had your dog? Either in terms of people or animals.

Yes

No

If Yes above, please explain how your household has changed.

- House
 - Condo
 - Townhome
 - Apartment
-

Do you have a secure yard or area that your dog can safely be in?

- Yes
 - No
-

Do you allow your dog to run free in the yard or do you tie them in the yard?

- Free Run
 - Tied Out
-

Where does your dog sleep at night?

Are there kids living with your dog?

- Yes
 - No
 - Not currently, but yes in the past
-

If Yes above, please list the names and ages of the kids.

How are the kid(s) with your dog?

Is your dog potty trained?

☐ Yes

☐ No, I am having problems with potty training

If you are having potty problems please explain them in detail

How many times a day does your dog poo?

When does your dog poo?

What brand of dog food are you feeding your dog?

Is your dog fed on a Feeding Schedule or do you Free Feed (leave the food out all the time) ?

Feeding Schedule

Free Feed

If you are on a Feeding Schedule please list the times and amounts that you feed your dog.

Do you ever feed your dog at the table?

Do you ever give your dog people food? If Yes, please tell us when and what kinds of people food you feed your dog.

Is your dog crate trained?

Yes

No

Yes

No

If Yes above: Please explain in detail what happens when your dog meets new people or dogs.

Does your dog get along with people/strangers?

Yes

No

Explain your your dog behaves with familiar and unfamiliar visitors to your home (both children and adults).

Has your dog ever bitten a person?

Yes

No

If Yes above: please describe the situation and the bite including what injuries were involved.

Yes

No

Not currently, but yes in the past

If Yes above: please list the other animals (including their species) here and tell us what sequence the animals were obtained in.

Please explain their relationship in detail.

Does your dog get along with unfamiliar dogs?

Yes

No

Off leash yes but on leash they do not get along with other dogs

If No, Not On Leash, or Other above: please explain in detail how your dog behaves around unfamiliar dogs.

Yes

No

If Yes above, Please explain in detail what triggers your dog's aggression on leash.

Has your dog ever bitten another dog?

Yes

No

If Yes above, please describe the situation including any injuries that were involved.

Do you take your dog to the dog park?

Yes

No

Do you take your dog to Doggie Daycare?

Yes

No

Does your dog have a licking problem?

Yes

No

If Yes above, How do you address your dog's licking?

Does your dog have a a humping problem?

Yes

No

If Yes above, Please tell us about the humping and what you do to address it.

Does your dog have a jumping problem?

Yes

No

If Yes above, Please tell us what you have done to address the jumping.

Does your dog have a problem with excessive barking or vocalizations?

Yes

No

Does your dog have a pulling problem when walking on leash?

Yes

No

What do you use to walk your dog?

Flat Collar

Head Halter

Back Clip Harness

Front Clip Harness

Prong Collar

Training/Slip/Choke Collar

How much exercise does your dog get daily?

Is the exercise your dog gets:

Rigorous

Fast Paced Walk

Stroll

Do you use a dog walker?

Yes

No

Yes

No

If Yes above, Please tell us about when your dog is pushy and/or demanding.

Do you have rules for your dog?

Yes

No

If Yes above, what are your rules specifically?

Has your dog had any previous training?

Yes

No

If Yes above, at what age and with which trainer or training company did you dog do training with?

How often does your dog do tricks/commands when you ask?

Yes

No

Does everyone in your household work with the dog on obedience?

Yes

No

Do you discipline your dog and if so how?

Have you ever or do you currently use any electronic devices on or with your dog?

Yes

No

If yes above, please list the devices below and explain how and why you use them.

How do you play with your dog?

Yes

No

What toys do you use to play with your dog?

Is your dog motivated by: (mark all that apply)

Food/Treats

Toys

Attention

What are your dog's top 5 favorite things to do?

What 5 things does your dog dislike the most?

What do you like best about your dog?

Are there any current problems with your dog that if not addressed and/or managed will cause you or other family members to give your dog up?

Yes

No

If Yes above, Please describe, in detail, the problems that would cause you or a family member to give your dog up

What are you trying to accomplish with training?

Is there any other information that you think we need to know?

If you should chose to work with Noble Beast Dog Training, what are the most convenient days and times for you to work with a trainer?
