



## Background Information

Name:

Date:

Address:

Phone number(s):

E-mail address:

How did you find out about me?

### **DOG INFO**

Name, breed, gender, DOB, weight, neutered?

When and where did you get your dog (if from breeder, breeder's name and location)?

Dog's history, as best you know it:

Age of dog when acquired:

### **GOALS**

Issues you would like addressed, in order of importance:

What action(s) have you taken to address these issues?

What are your overall goals for training sessions:

How much time per day or week are you realistically able to dedicate to training (*please be specific so that a training plan can be designed to fit your schedule*):

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## PEOPLE/ANIMALS IN HOUSEHOLD

name	age	briefly describe relationship with dog

Who is the primary caregiver?

### **SOCIALIZATION:**

Does your dog get along well with other dogs?

How often does your dog interact (*off leash*) with other dogs?

Please describe any issues that your dog has with other dogs.

Over the last 2 weeks, how many **new people** has your dog interacted with (*off leash*)?

Over the last 2 weeks, how many **new dogs** has your dog interacted with (*off leash*)?

Before 4 months of age, approximately how many **new dogs** did your pup meet (*off leash*) on a weekly basis?

Before 4 months of age, approximately how many **new people** did your pup meet on a weekly basis?

Describe dog's behavior when meeting/greeting a new person:

Describe dog's behavior when meeting/greeting a new dog:

### **TRAINING HISTORY**

Did you take your dog to a puppy class when he was a puppy?  
(if so, please indicate where and when)

Other classes or private lessons?

What behaviors have you trained your dog to do?

### **MEDICAL HISTORY**

Vet name/location:

Vaccination schedule (frequency of and what specific vaccines are administered):

Approx. date of last vaccination (please do not answer "up to date"):

Medical procedures your dog has undergone (aside from altering):

## **BOUNDARIES/RULES OF THE HOUSE**

Describe boundaries set for dog (i.e., off-limits areas such as furniture, specific rooms, etc.)

Where does your dog generally sleep?

## **HANDLING**

Does your dog like to be touched?

Are there areas of his body where he does not like to be touched?

“My dog willingly allows me to:” (circle those which apply):

clip his nails

brush his teeth

give him a bath

clean his ears

pick him up

## **FOOD**

How often do you feed your dog?

Do you leave his food bowl out with food in it (free feeding)?

Does your dog get treats? If so, what type?

Does your dog have any food sensitivities?

What are your dog’s favorite treats?

What brand or type of food do you feed him?

Is your dog comfortable and relaxed if you approach him while he is eating?

## **BEHAVIOR**

**LEASH WALKING:**

on a scale of 1-5 (one being poor; 5 being great), rate your dog’s leash-walking “etiquette”:

**FEARS:**

please list and describe any fears your dog may have (e.g. thunderstorms, large dogs, etc.)

**MOTIVATORS** (rate individually on a scale of 1 to 5, 5 being strongest):

food

toys

attention

games

**POSSESSIONS:**

Does your dog willingly relinquish valued possessions to you?

## **EXERCISE**

How often does your dog get off-leash exercise outside of your home and yard (e.g., an off-leash hike, a walk on the beach, to a local park, etc.)

What is the duration of the exercise sessions?

## **HOBBIES**

Does your dog like to:

retrieve?

play tug-of-war?

engage in special toys/games? (please describe)

how often do you engage your dog in the above activities?

## **EQUIPMENT**

What type of leash-walking equipment do you use (describe collar/leash, etc. ex.: flat collar, choke collar, retractable or 6' leash, etc.)

## **CRATE**

Is your dog crate-trained?

If so, does he enjoy being in his crate?

Please describe how you use the crate.

## **BITE HISTORY**

Has your dog ever bitten anyone?

If yes, describe bite(s) and situation(s) in as much detail as possible, including rough estimate of date(s).

## **OTHER**