



Client Information Form

Today's Date _____

Name(s) _____

Address _____

City, State, Zip _____

Best phone number(s) to reach you _____

Email _____

How did you hear about You Silly Dog? _____

Adults in home ____ Children in home (list ages) _____

Other pets in home (list type & ages) _____

Name of Dog _____ Sex ____ Birthdate _____

Neutered? __ Breed _____

Has your dog now or ever exhibited aggression and/or bitten another dog or person? ____ Yes ____ No If yes, please explain _____

Does your dog guard food, toys or people? If yes, please explain _____

List any previous training, including anything you've done on your own _____

Describe training goals and reason for consultation _____

Notes _____

Veterinarian _____

Medical problems/allergies _____

Is your dog people-friendly? ____ dog-friendly? _____

When & where obtained _____

Where does your dog sleep? _____

Housebroken? ____ Crate Trained _____

Crate Location _____

How often is your dog fed? _____

Brand of food _____

Is your yard fenced? ____ % Indoors/Outdoors _____

How many times a day is your dog walked? _____

On average, what is the duration of each walk? _____

How many hours a day is your dog alone? _____