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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?

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

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:

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)

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

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

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

Bite History:

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

If so, please describe in as much detail as possible: _____

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

If yes, please explain: _____

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

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

*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**