**Intake Questionnaire**

**Client and Dog Information**

|  |  |
| --- | --- |
| Guardian’s Name:  | Date:  |
| Cell Phone:   | Work Phone:  |
| Home Phone:  | Email:  |
| How did you hear about us?  |
| Dog’s Name/ ID:  | Breed/Age/Sex:  |
| Date of Adoption:  |  |
| Is your dog \_\_\_\_\_\_\_ spayed/neutered \_\_\_\_\_\_\_\_ intact? |
|  |

**Background:**

|  |  |
| --- | --- |
| Where did your dog come from? |  |
| If adopted from a shelter, do you know why the dog was given up? |  |
| How long have you had your dog? |  |
| Have you had previous dog experience? |  |
| Why did you choose this particular breed/dog? |  |

**Physical and Medical Issues:**

|  |  |
| --- | --- |
| Who is your veterinarian? Please provide Name, address and phone number. |  |
| Is your dog current on vaccinations? |  |
| When was your dog’s last veterinary exam? |  |
| Does your dog have any known medical problems? |  |
| Is your dog on any type of medications? |  |

**Feeding Schedule**

|  |  |
| --- | --- |
| What type of food is your dog being fed? |  |
| How many times a day do you feed your dog?  |  |
| Does your dog eat right away and finish the entire meal? |  |
| Where is your dog fed and who is nearby when he eats?  |  |
| Does the dog get “people food” and, if so, at what location?  |  |

**Logistics:**

|  |  |
| --- | --- |
| Where does your dog sleep? |  |
| Is your dog allowed on the furniture? |  |
| Where does your dog eliminate? |  |
| Where is your dog kept when no one is home? |  |
| What percentage of time does your dog spend indoors versus outdoors? |  |

**Training:**

|  |  |
| --- | --- |
| Has your dog had any previous training? If yes, please describe familiar cues, training methods, and who did the training?  |  |
| Describe how you reprimand, correct, or punish your dog for unwanted behavior and when you might do this |  |
| Describe how you reward your dog for good behavior? |  |
| Who will be responsible for training your dog? |  |

**General Information:**

|  |  |
| --- | --- |
| Is your dog housebroken? |  |
| Is your dog crate trained?  |  |
| What type of exercise does your dog receive? |  |
| Please describe a typical day in the life of your dog? |  |
| What is the dog’s favorite activity? |  |
| Can family members handle the dog physically? |  |

**Behavior Issues:**

|  |  |
| --- | --- |
| Describe the unwanted behavior |  |
| What would you like your dog to do instead? |  |
| Were there any changes in the household at the time of the behavior?  |  |
| How often does the behavior occur and under what circumstances? |  |
| Where does the behavior occur? |  |
| Who is present when the behavior occurs? |  |
| When was the most recent incident? |  |
| What prompted you to seek help at this time? |  |
| What has been done so far to address the problem? |  |
| How much time and effort are you willing to spend on resolving the issue?  |  |

**Dog Bite History**

Has your dog ever bitten anyone (dog or human)? \_\_\_\_Yes \_\_\_\_\_ No

**IF YOUR ANSWER TO THE ABOVE QUESTION IS NO, YOU DO NOT NEED TO CONTINUE WITH THIS SECTION.**

What were the circumstances that led to the bite – what happened?

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Did the bite leave a scratch, bruise, puncture? \_\_\_\_ Yes \_\_\_ No

Number of bites to humans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was medical attention necessary? \_\_\_\_\_\_\_\_\_

Number of fights with other dogs: \_\_\_\_\_\_\_\_\_

What is the worst result that has occurred with **dog fight/bite**?

\_\_\_ bared teeth

 snarl or growl

 snap

\_\_ contact with zero damage

 1 to 4 shallow punctures

 1 to 4 deep punctures and/or bruising

 deep bi-directional tears

 fatality or mutilation

 What is the worst result that has occurred with **bite to human?**

 bared teeth

 snarl or growl

 snap

 contact with zero damage

 1 to 4 shallow punctures

 1 to 4 deep punctures and/or bruising

 deep bi-directional tears

 fatality or mutilation