



Date: \_\_\_\_\_

## **Pawsitive Progress Consultation Form**

### **CLIENT INFORMATION**

Name of Client: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Have you ever trained a dog before? Yes/No If so, where? \_\_\_\_\_

Other people in home: \_\_\_\_\_

Relationship/Age: \_\_\_\_\_

Why did you choose this breed/mix? \_\_\_\_\_

Why did client choose this specific dog? \_\_\_\_\_

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### **DOG INFORMATION**

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed/Mix: \_\_\_\_\_ Spayed/Neutered: Yes/No

Where did the dog come from? (shelter, breeder, pet store): \_\_\_\_\_

How long has the client had the dog? \_\_\_\_\_

Current food: \_\_\_\_\_ Feeding Schedule: \_\_\_\_\_

Current treats: \_\_\_\_\_ When does the dog get treats? \_\_\_\_\_

Has the dog ever growled over toys, bones or stolen items? Yes/No If yes, please describe the situation. \_\_\_\_\_

Has the dog ever growled at being touched? Yes/No If so, please explain. \_\_\_\_\_

Where does the dog sleep? \_\_\_\_\_

Is the dog allowed on furniture? Yes/No/Sometimes

What type of exercise does the dog get and how often? \_\_\_\_\_

### TRAINING INFORMATION

Is the dog housetrained? Yes/No

Does the dog ever eliminate in the house? Yes/No

If yes, Pee/Poop/Both

Does the dog have unlimited access to water? Yes/No

Is the dog crate trained? Yes/No If so, how long is the dog in the crate? \_\_\_\_\_

Where is the crate located? \_\_\_\_\_

What cues/commands does the dog know?

\_\_\_\_ Sit \_\_\_\_ Down \_\_\_\_ Leave it \_\_\_\_ Come \_\_\_\_ Stay \_\_\_\_ Off \_\_\_\_ Wait  
\_\_\_\_ Touch

How does the dog walk on a leash? \_\_\_\_\_

Does the dog...

\_\_\_\_ Chew? \_\_\_\_ Nip? \_\_\_\_ Jump on family? \_\_\_\_ Counter surf? \_\_\_\_ Bark a lot?

How does the dog react with other dogs? \_\_\_\_\_

How does the dog react with strangers? \_\_\_\_\_

Are there any phobias that the dog has? \_\_\_\_\_

Describe your pet as: (Circle all that apply)

*Friendly    Shy    Outgoing    Fearful    Uncertain    Playful    Laidback*

What would you like to accomplish with training? What are your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HEALTH INFORMATION

When was the dog's last physical exam? \_\_\_\_\_

Any current medications or health issues? Yes/No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Vaccinations:

DA2PPL: \_\_\_\_\_ Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_ Lyme: \_\_\_\_\_

When was the last time the dog was dewormed? \_\_\_\_\_

Is the dog on heartworm preventative? Yes/No If so, last treatment date: \_\_\_\_\_

Is the dog on flea/tick preventative? Yes/No If so, what brand? \_\_\_\_\_

Last treatment date: \_\_\_\_\_

Current Veterinarian (Name of vet & practice):

\_\_\_\_\_

