You Silly Dog LLC
fun & friendly puppy and dog training

Client Information Form

Today's Date _____
Name _____
Address _____
City, State, Zip _____
Phone (day) _____
Phone (evening/cell) _____
Email _____
Referred by _____

Adults in home ____ Children in home (list ages) _____
Other pets in home (list type & ages) _____
_____

Name of Dog _____ Sex ___ Birthdate _____
Neutered? __ Breed _____

Veterinarian _____
Medical problems/allergies _____
_____

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 hours a day is your dog alone? _____

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 _____
_____

Describe training goals and reason for consultation _____
_____

Notes _____