HAPPY TAILS K9 TRAINING, LLC

Puppy Training Client Intake Packet

Training humans, helping dogs.

Please complete this packet before your first training consultation.

CLIENT INFORMATION

Owner Name

Phone

Email

Address

Preferred Contact Method

☐ Phone ☐ Text ☐ Email

PUPPY INFORMATION

Puppy's Name

Breed / Mix

Age

Date of Birth (if known)

Sex

☐ Male ☐ Female

Spayed / Neutered?

- [ ] Yes
- [ ] No

Weight

How long have you owned your puppy?

Where did you get your puppy?

- [ ] Breeder
- [ ] Rescue
- [ ] Shelter
- [ ] Family / Friend
- [ ] Other

If other, please describe

VETERINARY INFORMATION

Veterinarian Name

Veterinarian Phone

Current on Vaccinations?

- [ ] Yes
- [ ] No

Any health concerns?

Any medications?

HOUSEHOLD INFORMATION

Who lives in the home?

- ☐ Adults
- ☐ Teenagers
- ☐ Children under 12
- ☐ Seniors

Other pets in the home

- ☐ Dogs
- ☐ Cats
- ☐ Other

If other pets, please describe

PUPPY LIFESTYLE

How many hours is your puppy alone each day?

- ☐ Less than 2
- ☐ 2–4
- ☐ 4–6
- ☐ More than 6

Where does your puppy sleep?

- ☐ Crate
- ☐ Bed
- ☐ Owner's Bed
- ☐ Other

If other, please describe

PUPPY LIFESTYLE

How often is your puppy exercised?

- [ ] Daily
- [ ] Several Times Daily
- [ ] Occasionally

What activities does your puppy enjoy?

CURRENT TRAINING LEVEL

Please check any commands your puppy knows:

- [ ] Name Recognition
- [ ] Sit
- [ ] Down
- [ ] Stay
- [ ] Come
- [ ] Leave It
- [ ] Place
- [ ] Crate
- [ ] Leash Walking
- [ ] None Yet

Additional training details (optional)

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Areas You Need Help With

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HOUSE TRAINING

Check all that apply:

- [ ] Potty Training
- [ ] Crate Training
- [ ] Accidents in House

MANNERS

Check all that apply:

- [ ] Jumping
- [ ] Nipping / Biting
- [ ] Chewing
- [ ] Barking
- [ ] Stealing Items
- [ ] Counter Surfing

OBEDIENCE

Check all that apply:

- [ ] Sit
- [ ] Down
- [ ] Stay
- [ ] Recall / Come
- [ ] Leash Walking

SOCIALIZATION

Check all that apply:

- [ ] Meeting New People
- [ ] Meeting Dogs
- [ ] Handling / Grooming
- [ ] Public Outings

BEHAVIOR CONCERNS

Check all that apply:

- [ ] Fearful
- [ ] Shy
- [ ] Separation Anxiety
- [ ] Resource Guarding
- [ ] Excessive Energy
- [ ] Reactivity

Other concerns

SOCIALIZATION ASSESSMENT

New People

- [ ] Friendly
- [ ] Excited
- [ ] Nervous
- [ ] Fearful

Children

- [ ] Friendly
- [ ] Excited
- [ ] Nervous
- [ ] No Experience

Other Dogs

- [ ] Friendly
- [ ] Excited
- [ ] Nervous
- [ ] No Experience

New Environments

- [ ] Confident
- [ ] Curious
- [ ] Nervous
- [ ] Fearful

TRAINING GOALS

Top training goal 1

Top training goal 2

Top training goal 3

What would make you consider training a success?

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Owner Commitment & Agreement

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OWNER COMMITMENT

How much time can you commit to training each day?

- ☐ 5–10 Minutes
- ☐ 10–20 Minutes
- ☐ 20–30 Minutes
- ☐ More than 30 Minutes

Who will be involved in training?

ADDITIONAL INFORMATION

What do you love most about your puppy?

What is your biggest challenge with your puppy?

Anything else we should know?

AGREEMENT

I certify that the information provided is accurate to the best of my knowledge.
Client Signature (type full legal name)

Date

Electronic Signature Acknowledgment

- ☐ I agree that my typed name above constitutes my electronic signature.

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Trainer Notes — Office Use Only

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TRAINING PACKAGE

Recommended program

- ☐ Puppy Foundations
- ☐ Basic Obedience
- ☐ Advanced Obedience
- ☐ Private Lessons

TRAINER ASSESSMENT

Assessment Notes

Trainer Notes / Recommendations