



CLIENT INFORMATION

Owner Name

Phone

Email

Address

Preferred Contact Method

☐ Phone

☐ Text

☐ Email

DOG INFORMATION

Dog Name

Breed / Mix

Age / DOB

Weight

Sex

☐ Male

☐ Female

Spayed / Neutered

☐ Yes

☐ No

How long have you owned your dog?

Where did you obtain your dog? (select on next page if needed)



BACKGROUND

☐ Breeder

☐ Shelter

☐ Rescue

☐ Family/Friend

☐ Other

VETERINARY INFORMATION

Veterinarian Name

Clinic Name

Veterinarian Phone

Vaccinations Current?

☐ Yes

☐ No

☐ Unsure

Medical conditions, injuries, allergies, or physical limitations

Current medications or supplements

Anything else we should know about your dog's health or handling?



HOUSEHOLD & LIFESTYLE

People and other pets in the household

Typical daily exercise

Hours alone per day

CURRENT SKILLS

Check all commands your dog currently knows:

☐ Sit

☐ Down

☐ Stay

☐ Come

☐ Heel

☐ Place

☐ Leave It

☐ Drop It

☐ Crate

☐ Leash Walking

☐ None Yet

TRAINING GOALS

What are your top three training goals?



What would make you consider training a success?

Previous training experience (classes, private lessons, methods used)

BEHAVIOR CONCERNS

- | | |
|---|---|
| ☐ Pulls on Leash | ☐ Jumps on People |
| ☐ Excessive Barking | ☐ Chewing |
| ☐ Digging | ☐ Counter Surfing |
| ☐ Poor Recall | ☐ Poor Focus |
| ☐ Excitement Around Guests | ☐ Stealing Objects |
| ☐ House Training Issues | ☐ Other |

Describe the behaviors you most want help with



Activities your dog enjoys

CLIENT RESPONSIBILITIES

Successful training depends on consistency, practice, clear communication, and owner participation.

I understand that homework may be assigned and that all household members should follow the same training plan. I agree to attend scheduled sessions, complete assigned practice, inform the trainer of meaningful behavioral or health changes, and follow reasonable safety recommendations.

I understand that individual results vary and no specific outcome is guaranteed.

What is your biggest training challenge right now?

Anything else you would like us to know?

ACKNOWLEDGMENT

Client Signature (type legal name)

Date

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

HAPPY TAILS K9 TRAINING, LLC

OBEDIENCE TRAINING

Trainer Assessment - Office Use Only



OBEDIENCE EVALUATION

Skill	Excellent	Good	Needs Work
Sit	☐	☐	☐
Down	☐	☐	☐
Stay	☐	☐	☐
Recall	☐	☐	☐
Heel	☐	☐	☐
Place	☐	☐	☐
Focus	☐	☐	☐
Leash Walking	☐	☐	☐

TRAINER NOTES

RECOMMENDED PROGRAM

- ☐ Basic Obedience
- ☐ Advanced Obedience
- ☐ Private Lessons