

HAPPY TAILS K9 TRAINING, LLC

Obedience Training Client Intake Packet

Training humans, helping dogs.

For clients seeking basic or advanced obedience training. Please complete this packet before your first session.

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?

Breeder

Shelter

Rescue

Family/Friend

Other

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Health & Veterinary Information

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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

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Training Goals & Current Skills

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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)

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Behavior & Training Assessment

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BEHAVIOR CONCERNS

Check all that apply:

☐ 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

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Owner Commitment & Training Agreement

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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.

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Trainer Assessment - Office Use Only

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OBEDIENCE EVALUATION

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

RECOMMENDED PROGRAM

Basic Obedience	Advanced Obedience	Private Lessons
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