Puppy Training Client Intake Packet

Welcome to Happy Tails K9 Training-Training humans, helping dogs

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: _____

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: _____

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: _____

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

Areas You Need Help With

Check all that apply:

House Training

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

Manners

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

Obedience

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

Socialization

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

Behavior Concerns

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

Other: _____

_____

Socialization Assessment

How does your puppy react to:

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

What are your top 3 goals for training?

1. _____
2. _____
3. _____

What would make you consider training a success?

_____

_____

_____

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: _____

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

Trainer Notes (Office Use Only)

Training Package:

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

Assessment Notes:

_____

_____

_____