

Skills4Dogs Intake Form

Details

Date:	Phone:
Name:	Dog Name:
Date of ownership:	Breed:
Sex: M / F	Age:
Desexed or sprayed (please specify):	
Where was dog obtained:	
Other Pets in household:	
Number of household occupants:	
Time dog/s left unattended each day:	

Dogs Background

Medical problems/allergies:	
Brand of pet food:	Meals per day:
Feeding times:	Do they finish meals:
Eat quickly:	
What snacks are given:	
Frequency of snacks:	
Housebroken: Y / N	
Where does dog sleep:	Crate Trained:
Percentage of time indoor/ outdoor:	
Where is dog kept when owner is away, holidays etc:	

Training

Any previous training:
Training Methods:
Good Behavioural traits:
Bad behavioural traits:

Exercise

Type/Frequency:
Products used for exercise:
Had your animal ever injured another pet or person:
If yes please provide background on event:

Reason for taking this course

What would you like to accomplish from this course and why:

How did you hear about this course:
