

**New Client Form**

Name:

Address:

Phone:

E-mail:

Date:

Dog’s Name:

Sex:

DOB:

Breed:

Spayed/neutered? Y/N

If yes, how long ago?

Ref. by:

Date and location of course booked:

For home visits: Is there parking available?

Other Pets in Household:

Other People in Household:

Occupation/Time spent outside home:

Veterinarian:

Medical Problems/meds/allergies:

1st Vaccination dates 2nd vaccination dates

(Please not we may require to see proof of 1st vaccinations if you’re attending classes)

Has your dog/puppy attended any other training or socialisation groups?

Brand of Food:

How many feeding times per day?

What times is your dog fed?

Does he/she eat right away/finish meals?

Other treats/snacks & how often:

Where was your dog obtained? /How long ago?

House trained? Y/N Crate trained? Y/N

Where does your dog sleep?

% time indoor/outdoor?

Where is he/she kept when owner is gone?

Any previous training? Behaviours dog knows/training methods used/trainer:

Exercise Type/Frequency:

Equipment used on walks:

Has your dog ever bitten or injured a person or animal? \_\_\_\_ (If yes, describe in addition notes section)

How does he/she react to:

Unfamiliar people?

Unfamiliar dogs?

New situations?

What do you plan to do with your dog in future?

E.g. pet dog/agility/obedience/competitions/show etc.?

What would you most like to achieve from this course/workshop/1-1?

Where did you hear about us?

What appealed to you most about this course/workshop/1-1? I.e.

Dates/times/price/techniques/trainer qualifications?

**By returning this form you are confirming that you have read and accept the terms and conditions on** [**www.dogmestix.com**](http://www.dogmestix.com)

Additional notes: