



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



New Client Intake Form

Client Information

Today's Date: _____

Client's Name: _____

Occupation: _____

Co-Owner's Name: _____

Occupation: _____

Home/Cell Phone: _____

Email: _____

Address: _____

Children & Ages: _____

How/where did you hear of us?

Have you moved with your dog within the last 12 months? Yes No

Have you added or lost any pets within the last 12 months? Yes No

Have you added or lost any family members within the last 12 months? Yes No

Dog Information

Dog's Name: _____ Dog's Age: _____

Breed (or mix): _____ Female Male | Fixed

Where did you get your dog? _____

How long have you had the dog? _____

Why did you originally adopt your dog(s)? _____

Medical History

List all medications your dog is currently taking: _____

Vet Clinic: _____

Vet's Name: _____



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



Vet's Address: _____ Vet's Phone: _____

Please list any current or past medical issues including surgeries, infections, etc.

Other Pets

Name: _____ Age: _____ Breed: _____ F M | Fixed

Name: _____ Age: _____ Breed: _____ F M | Fixed

About Your Dog's Lifestyle

Where is your dog when he is home alone? _____

Where does your dog sleep at night? _____

Does your dog have a crate? _____ Does your dog like the crate? Yes No

Where is the crate located? _____ Does your dog chew or destroy the crate? Yes No

How many hours does your dog spend alone each day?

- <1 hr 1-3 hrs 3-6 hrs 7-9 hrs 9+ hrs

What kind/brand of food do you feed your dog? _____

How much and how often does your dog eat? _____

Is food left out during the day for your dog to eat? Yes No

Dog's allergies: _____

What kind of toys does your dog have daily access to?

- Nylabones Rawhides Stuffed animals Kongs Tennis balls Rope toys

Frisbees Food-dispensing toys Hollow bones Bully sticks Other:

How long does your dog play with toys? _____



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



Where are the toys kept when not in use? _____

How often does your dog go on a walk? _____ Who walks your dog? _____

How long is the walk? _____ Does your dog have any other exercise activities? _____

What does your dog wear on a walk? (Harness, No-Pull Harness, Prong/Chock Collar, Head Halter, etc.?) _____

Do you ever walk your dog off leash? Yes No

Do you take your dog to dog parks? Yes No

Does your dog pull on walks? Yes No

If your dog pulls, what have you tried to change his behavior?



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



About Your Dog's History

Has your dog ever growled at a person or dog? Yes No

If yes, please describe what happened: _____

Has your dog ever nipped/bitten a person or another animal before? Yes No

If yes, please describe what happened: _____

If your dog has nipped/bitten a person or animal, was there a tear, scratch, bruise, bleeding, or puncture?

(Check all that apply.)

Tear Scratch Bruise Bleeding

Puncture NOT requiring stitches Puncture requiring stitches

Is your dog fearful or nervous about certain people/dogs/situations? Yes No

If yes, please describe: _____

How does your dog respond to new people in your home?

How does your dog respond to grooming or bathing?

What is your reaction when your dog ignores you?

What trainers, boarding facilities, or pet services have you used for your dog in the past? (Name/City)



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



Please list any of the following tools that you currently use or have previously used with your dog:

- Martingale Collar Prong Collar Choke Chain E-Collar Bark Collar
- Citronella Collar/Spray Spray Water Bottle Clicker Extendible (Flexi) Leash
- Waist Leash Front-Attach Harness No-Pull Harness Regular Harness Head Halti
- Gentle Leader Others: _____

About Your Dog's Training Goals

5 Things You Like About Your Dog

1. _____
2. _____
3. _____
4. _____
5. _____

5 Things You Wish You Could Change About Your Dog

1. _____
2. _____
3. _____
4. _____
5. _____

What made you reach out to us for training assistance?



Louisville, KY
502-338-2453 Ellasha
website
www.evolutiondogtrainer.com
email
info@evolutiondogtrainer.com



What would you like to accomplish through training?

How would your ideal dog behave like?

Thank you for taking the time to fill out our In-Take Form form. These details will help us better serve you and your dog. We look forward to working with you!