



Paradise For Your Pets

GET ACQUAINTED

OWNER'S INFORMATION

How did you hear about us? _____

Clients Name _____

Address _____

Phone: _____

e-mail: _____

Please contact me via: PHONE E-MAIL TEXT MAIL OTHER: _____

Housemates name(s): _____

Other pets name(s): _____

DOG'S INFORMATION

Name _____

Breed _____ recall name _____

Sex M F

DOB/Age _____

Approx Weight _____

Color or Markings _____

Adoption Date _____

Your dog's previous history before being adopted by you? _____

Where does your dog...

Sleep? _____

Potty? _____

Hide? _____

Eat? _____

Brand of food / treats? _____

How much food per day? _____ How often / times? _____

Set meal times per day are: _____ am _____ pm

Collar and/or Harness Worn

At Home _____ On Walks _____

Type of leash used: _____ Foot Nylon Leather Chain Retractable

Other restraints used: Choke Prong Shock Gentle Leader Bark Martingale

Other: _____

Does your dog go to:

Dog Parks? Y N _____

Doggie Day Care? Y N _____

How many walks does your dog go for in a week? _____
 How long are the dog walks? _____
 When do you take your dog for a walk? Anytime Day Night When no one is around
 Other Exercise: _____

Is your dog...

House Trained?	Y	N	Licensed?	Y	N
Spayed or Neutered?	Y	N	Micro chipped?	Y	N
Car Trained?	Y	N	Microchip#:	_____	
Crate Trained?	Y	N	M.C. Phone Number:	() _____	

How long does your dog spend inside it's crate per day? _____
 How long does your dog spend outside the house? _____
 How long does your dog spend inside the house? _____

★ Please provide copies of vaccination records at your Get Acquainted visit. ★
 Services will not begin until vaccine records can be verified.

HEALTH

Vet's Name _____ Phone: _____
 Hospital or Clinic Name _____
 Address _____

After Hours Phone Number () _____

Is your dog...

On monthly preventative medication for:
 Fleas? Y N Brand: _____
 Heartworm? Y N Brand: _____

If not please explain: _____

Please list all the vaccinations received in the past year.

<u>Rabies</u>	Date:	EXP Date
<u>Bordatella</u>	Date:	/ /
<u>Parvo</u>	Date:	/ /
_____	Date:	/ /
_____	Date:	/ /

Last visit to vet? / / Why? _____

Current medications: _____
 How is it administered? Topical Oral Injection How Often: _____
 Health concerns: _____
 Special needs: _____
 Food or other allergies? _____

★ Nails must be maintained for walking purposes and over grown nails may delay training until they have been groomed for safety. ★

GROOMING

High

Medium

Low

Show

How does your dog like it? _____

Any sensitive spots? _____

Any place he does not like to be touched? _____

If your dog gets dirty beyond normal in my care is it ok to wash your dog? **Y** **N**

Other instructions? _____

Groomer's Name? _____ Phone (____) _____

What motivates your dog, certain foods, a favorite toy? _____

Any food or skin allergies? _____

Please initial inside the boxes if it is ok to use the following foods for training.

Taste of the Wild Dog Food		Wet Noses Treats		Cheese	
Lamb Jerky Treats		Rotisserie Chicken		Hotdogs	

I will provide the following treats to be used for my dogs training. I understand the treats I provide must be of high value to my dog in order to be effective during the training process.

Treats provided: _____

★ TRAINING ★

Previous Training _____

My dog knows how to: Sit Stay Down Come Leave-it Give/Drop

Other: _____

How often does your dog listen? _____

Do you use hand signals which ones? _____

What do you do when your dog responds correctly? _____

Predation (your dog likes to chase / hunt)? Dogs Cats Cars Squirrels

Other: _____

Fear of noises **Y** **N** Describe: _____

Guarding (your dog defends and will not let you get close to or have)?

Favorite Toy: **Y** **N** Other: _____

Food: **Y** **N** _____

Bed: **Y** **N** _____

What would your dog do if I approached these things? _____

What would your dog do if I took these things? _____

Anything your dog will not share? _____

Scavenging? Can you recall or ask your dog to drop it? _____

Anything your dog will not let you near or have? _____

How do you discipline your dog? _____

YOUR DOG AND PEOPLE

How does your dog react...

to direct eye contact (a person starring at your dog)? _____

when people approach or pass by on the sidewalk? _____

when meeting children, males, or females? _____

when a stranger reaches down to pet? _____

Anyone in particular your dog does not like? _____

YOUR DOG'S FRIENDS

How many friends does your dog have? _____

What are your dog's friends names? _____

How often do they see each other? _____

What do they do together? _____

How many dogs does your dog meet in a week? _____

How often does your dog makes new friends? _____

What is your dogs reaction to meeting other dogs? _____

Are there any types of dogs your dog is not comfortable with? _____

Has your dog ever...

Lunged	Y	N	Are you able to prevent this behavior? How?
--------	---	---	---

Jumped	Y	N	_____
--------	---	---	-------

Growled	Y	N	_____
---------	---	---	-------

Snapped	Y	N	_____
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If you answered yes, please complete the following questions.

Circumstances: _____

Reason why your dog behaved that way? _____

How did you respond? _____

BEHAVIOR WITH OTHER DOGS

Does your dog seem more aggressive with other dogs when on a leash? **Y** **N**

Does your dog exhibit the behaviors listed below around other dogs?
Details

- | | | | |
|--|---|---|-------|
| Play | Y | N | _____ |
| Wrestle | Y | N | _____ |
| Chaser/Chasee | Y | N | _____ |
| Bullying | Y | N | _____ |
| Humping | Y | N | _____ |
| T (the dog puts its head over the other dogs neck) | Y | N | _____ |
| Growling | Y | N | _____ |
| Barking | Y | N | _____ |
| Staring Down | Y | N | _____ |

If you answered yes, please describe? _____

Fight(s) Y N How many? _____
Describe: _____

What was other dog doing, what were you doing? _____

Bite(s) Y N How many? _____
Describe: _____

Hospital Care Required? Y N

Describe: _____

Off Leash Manners:

You like that your dog does: _____

You don't like that your dog: _____

On Leash Manners:

You like that your dog does: _____

You don't like that your dog: _____

Concerns or Known Behavioral Issues

Anything else we should know about your dog? _____

SPECIAL INSTRUCTIONS:

My dog is not allowed to...

Meet: _____
Eat: _____
Other: _____

Please do not...

In case of ER call: _____ Phone: _____
Relationship _____

In case of ER call: _____ Phone: _____
Relationship _____

I authorize Paradise For Your Pets to perform CPR/First Aid and
Initial to seek medical attention for my dog in the event of an emergency.

Other ER Instructions:

In Home New Dog Orientation/Get Acquainted Visit: I understand that this visit is an informational session for myself and my family and will not include training my dog. This visit is to gather and provide information and evaluate the needs of my family, my dog(s) and my home, and to determine whether this training program fits our needs. I acknowledge the answers I provided to be true and accurate and to the best of my knowledge. If any information changes, it is my responsibility to notify Paradise For Your Pets as soon as possible.

Print name: _____

Signature: _____

Date: _____