

Kimberly Burgan, CPDT

Certified Pet Dog Trainer & Accredited Behavior Consultant
www.kimberlyburgan.com
(512) 636-6996

DATE: _____

TRAINER USE ONLY

[] DB Bite History:
[] NL Human: Yes No
[] HH Dog: Yes No
Category: _____

CONGRATULATIONS ON YOUR NEW JOURNEY TO A BETTER UNDERSTANDING OF YOUR PET!

Owner Name _____ Profession _____

Co-Owner Name _____ Profession _____

Street Address _____

Children (or other occupants of the home):

City/State/Zip _____

Name _____ Age _____

Email Address _____

Name _____ Age _____

Home Phone: _____

Name _____ Age _____

Work Phone: _____

How did you hear about Kimberly Burgan Dog Training?

Mobile Phone: _____

PET INFORMATION

Name (List your dog of primary concern here!) _____ Current Age _____ M / F _____ Breed/Color _____

Y / N _____ Heartworm Medication: _____
Has your dog ever had a tick? _____ Age Obtained _____ Age of Spay/Neuter _____

Flea/Tick Medication: _____

Veterinarian Name _____ Vet Hospital _____ Vet Phone _____

Medications/Medical Problems: _____

OTHER DOGS IN HOME

Name _____ Sex M / F _____ Age _____ Y / N _____ Breed/Color _____
Altered? _____

Name _____ Sex M / F _____ Age _____ Y / N _____ Breed/Color _____
Altered? _____

Name _____ Sex M / F _____ Age _____ Y / N _____ Breed/Color _____
Altered? _____

IN YOUR WORDS...

Reason for visit: _____

GOALS SET BY OWNER & EVALUATOR: _____ Requested [] Bloodwork [] Urinalysis

RELATIONSHIP HISTORY (Page 2 of 2: New Client Information Form)

Why did you get a dog? _____

Where did you get your dog? _____

What challenges do you face in the home? _____

Where does your dog sleep? _____

Where does your dog hang out when you are away from the home? _____

How much time does he/she spend alone during the day? _____

Is your dog crate trained? Y / N How does your dog feel about the crate (circle one):

Any aggression around the crate? Y / N Love Tolerate Dislike Destroy

Where is the crate kept? _____

What brand of dog food do you feed? _____ How often? _____

Where is the dog food kept? _____

Where do you keep your dog's toys? _____

How long will your dog play with you? _____

Does your dog dislike certain people or dogs? Y / N Who? _____

Does your dog have any fears/sensitivities? _____

How does your dog respond to grooming? _____

How do you respond to misbehavior? _____

List previous trainers and/or boarding facilities: _____

Has your dog ever urinated on you or other members of the family? Y / N

Has your dog ever growled at you or other members of the family? Y / N

Has your dog ever snapped/bitten at you or other members of the family? Y / N

Has your dog ever snapped/bitten at a friendly stranger? Y / N

Does your dog guard food, water, toys, the couch, bed or other objects? Y / N



Do you use any of the following training tools or techniques? (Please circle all that apply)

Prong Collar Choke Collar Pinch Collar Shock Collar Alpha Roll Shake Down Spray Bottle

Please list, in order of importance, your dog's top three favorites (*given a choice* in the matter):

Things: _____

Foods: _____

Words or Phrases: _____

Places: _____