General Client Profile

YOU & YOUR FAMILY:

Date: …………………………..

1. Your names: …………………………………………………………………………….
2. Address: ………………………………………………………………………………….
3. Home Telephone: ………………………….Mobile: ……………………………………
4. Email: ……………………………………………………………………………………..
5. Have you attended formal dog training for any dog before? ☐ Yes ☐ No
   If "Yes":

   Within: ☐ Last 12 months ☐ Last 5 years   ☐ Over 5 years ago
   Which dog: ☐ This dog   ☐ Another dog
   What type: ☐ Positive   ☐ Correction (choker chain)   ☐ Combination

6. Briefly describe any medical conditions you have that may impact on training: (eg mobility, sight, hearing conditions)
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
7. How many people live at your home: ……Children ……Teenagers ……Adults
8. What age children do you have at home? ☐ 0-5   ☐ 5-10   ☐ 10-14   ☐ 14-18
9. Which of the following best describes the property you and your dog live on?

   ☐ Flat/Unit   ☐ House with large yard
   ☐ House with small yard   ☐ Hobby farm (up to 5 acres)
   ☐ House with medium yard   ☐ Farm

YOUR DOG:

10. Dog's Name: …………………………………………………………………………
11. Breed: …………………………………………………………………………………
12. Age: …………………………….wks/mths/yrs
13. Is your dog: ☐ Male   ☐ Female
14. Desexed: ☐ Yes   ☐ No

    If 'No', do you intend to desex your dog?   ☐ Yes   ☐ No

15. Colour(s) identifying marks:…………………………………………………………
16. Approximate height: ………………….. and approximate weight: ……………………
17. Last vaccination date: …………………. Next vaccination due date: …………………..

    Last Vaccination – C3 ☐   C5 ☐   Tetanus ☐

18. Age of dog when obtained: …………………….wks/mths/yrs

19. Number of litter mates (if known): ………………………………………………

20. Obtained from where:

☐ Pet Shop ☐ Breeder
☐ Animal Shelter
☐ Other (eg friend, newspaper, online) ……………………………………….

21. Does your dog have any medical conditions? …………………………………………
If 'Yes', please describe the condition(s):

………………………………………………………………………………………………

………………………………………………………………………………………………

22. Is this your first dog? ☐ Yes ☐ No

23. Is this your only dog? ☐ Yes ☐ No

If you have other dogs, what breed, age and gender are they:

……………………………………………………………………………………………..

24. Have you lived with this breed before? ☐ Yes ☐ No

25. Which of the following equipment have you used on this dog?

☐ Standard collar and lead ☐ Martingale/limited slip collar
☐ Check/choker/slip collar ☐ Citronella collar
☐ Head halter ☐ Electronic or 'remote' collar
☐ Back attached harness ☐ Invisible fence
☐ Front attached harness ☐ Prong collar

26. Please tick (✓) the methods you currently use when interacting with your dog:

Method	Often	Sometimes	Rarely	Never
Treats (eg dried liver, chicken strips, schmackos or similar				
Toys (eg stuffed toys, tug ropes, balls)				
Praise (eg good dog/boy/girl)				
Patting (eg stroking dog, patting head)				
Verbal punishment (eg ah-ah, no, stop it)				
Physical punishment (eg smack with hand/paper)				
Hand gestures to ask for behaviours (eg point to floor or lie down)				
Luring with food to teach behaviours (eg use a treat to lure dog to lie down)				
Pushing the dog into position (eg push dog into a sit, or push to lie down)				
Talk to your dog a lot (eg good morning, how are you etc)				
Play roughly with your dog (eg wrestling)				

Reassure your dog when the dog is nervous (eg it's ok, don't worry)			

27. Please tick (✓) which best indicates how often your dog performs the following behaviours: at home (H) and away from home (A):

Behaviour	Usually		Sometimes		Rarely		Never	
	H	A	H	A	H	A	H	A
Accepts friendly strangers approaching								
Sits politely to greet friendly strangers								
Settles quickly when asked								
Responds to name/looks at you when asked								
Sits when asked								
Lies down when asked								
Stands when asked								
Goes to bed when asked								
Comes when called								
Stays in position for about 10 seconds								
Comes away from distractions when asked								
Walks on a loose lead most of the time								
Heels/walks close for about 5 steps								

28. Who is your usual veterinarian and clinic? …………………………………………..

29. When you are home, is your dog usually: ☐Outside   ☐Inside   ☐Some of both

30. When your dog is left alone, is your dog: ☐Outside   ☐Inside   ☐Some of both

31. How often is your dog exercised and how does this occur: (eg walked for 20 minutes twice per day)
    …………………………………………………………………………………………
    …………………………………………………………………………………………
    …………………………………………………………………………………………

32. Has your dog ever growled at, lunged at, or bitten a person, other than normal puppy mouthing?
    ☐ Yes   ☐ No

33. Has your dog ever growled at, lunged at, or bitten another dog?
    ☐ Yes   ☐ No

34. Please tick any of the following that describes your dog:

    ☐* Won't let you take items from him/her   ☐ Pulls on lead
    ☐* Not toilet trained   ☐ Ignores requests
    ☐* Over-excited when inside   ☐ Sits in front seat of car
    ☐* Barks excessively   ☐ Enjoys walks

☐* Digs excessively   ☐ Enjoys games

☐* Chases things   ☐ Won't walk on lead

☐* Chews/destroys things

☐* Won't settle in car

35. If you ticked anything above marked with an asterisk * please describe your dog's behaviour:

……

……

……

……

……

36. How does your dog interact with people?

☐* Worried when people are absent   ☐* Dislikes being handled

☐* Suspicious/shy with strangers   ☐* Dislikes children

☐* Barks at some people   ☐* Backs away from people

☐* Growls at some people   ☐* Moves toward people

☐* Snaps at some people   ☐* Ignores new people

☐* Bites at hands, feet or clothes   ☐* Dislikes people in coats/strange clothing

☐* Becomes overexcited   ☐ Likes to be with you

☐* Plays too roughly   ☐ Likes new people

☐* Jumps on people   ☐ Likes children

☐* Dislikes people in hats   ☐ Likes being handled

☐* Dislikes people wearing sunglasses

37. If you ticked anything above marked with an asterisk * please describe your dog's behaviour:

……

……

……

……

……

38. How does your dog interact with other dogs?

☐ Likes other dogs   ☐* Growls at other dogs when off lead

☐ Plays nicely with other dogs off-lead   ☐* Worried about other dogs

☐ Don't know   ☐* Plays too roughly

☐* Barks at other dogs when on-lead   ☐* Lunges at other dogs when on-lead

☐* Barks at other dogs when off-lead   ☐* Stares at other dogs when on-lead

☐* Growls at other dogs when on-lead

39. If you ticked anything above marked with an asterisk * please describe your dog's behaviour:

……

……

………
………
………

40. How does your dog interact with the environment?

- ☐ Doesn't like water
- ☐ Worried about sudden noises
- ☐ Chases shadows
- ☐ Worried about storms
- ☐ Worried about wind
- ☐ Chases reflections
- ☐ Worried about traffic
- ☐ Worried about bikes/skateboards
- ☐ Chases pretend flies

41. If you ticked any of these please describe your dog's behaviour:

………
………
………
………
………

42. How do you feel when you take your dog for a walk?

………
………
………
………

43. Which of the following best describes how you see your dog?

- ☐ Pushy
- ☐ Independent
- ☐ Stubborn
- ☐ Excess energy
- ☐ Destructive
- ☐ Timid/shy
- ☐ Anxious
- ☐ Confident
- ☐ Likeable

44. Which of the following describes how you feel about your dog at present?

- ☐ Frustrated
- ☐ Annoyed
- ☐ Confused
- ☐ Resentful
- ☐ Nervous
- ☐ Proud
- ☐ I love my dog
- ☐ I like my dog
- ☐ I tolerate my dog

45. Which of your dog's behaviours would you most like to see improvement? (eg not pulling on lead, not jumping on people etc)

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

46. Any other comments you think will help with training or that you feel I should know about?

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

47. How did you find out about my training services?

☐ Vet clinic ………………………………………………………………………

☐ RSPCA ………………………………………………………………………

☐ Advertisement (eg newspaper, magazine, local radio)………………………………

☐ Website ………………………………………………………………………

☐ Facebook ………………………………………………………………………

☐ Pet shop ………………………………………………………………………

☐ Local dog groomer ………………………………………………………………………

☐ Other trainer ………………………………………………………………………

☐ Breeder ………………………………………………………………………

☐ Friend ………………………………………………………………………

Thank you for taking the time to complete this profile
It will help me to provide training relevant to your needs and your dog's needs.

Office use only: Vaccination sighted ☐ Microchip number………………..……………..