



**Puppy/Dog Intake & Goal Assessment or Kitten/Cat Intake Form for Day Training and/or Drop Off Services**

**Client & Puppy/Dog Information or Kitten/Cat Information**

Guardian's / Owner's Name:	Date:
Puppy/Dog's Name/ ID:	Kitten/Cat's Name:

**Puppy's Routine**

Describe your pup's/dog's and other animals daily routine:

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What does (Spot) do for exercise, and how often and for how long?

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What does (Spot) do when you're gone from the house?

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What kinds of toys, chews, etc. have you given (Spot) to play with? Which ones has she shown interest in? When does she play with her toys?

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What are your dog's favorite activities?

**Client's Goals**

What kind of activities would you like your puppy to be part of as an adult dog?

Relax with the family in the house

Play outside in the backyard with us and/or the kids

Play outside in the front yard with us and/or the kids

- Take leash walks in the neighborhood
- Take leash walks in other neighborhoods or on trails
- Take off leash walks in parks
- Play in off leash dog parks
- Run errands in the car
- Go on family vacations
- Be comfortable being boarded while family is away
- Other:
- Other:
- Other:

### **House Soiling**

How often does (Spot) soil outdoors each day?

How often does (Spot) soil indoors each day?

When does (Spot) soil indoors (what time of day, when you're home or away)?

What house training measures, if any, have you taken so far?

Have you purchased a crate for (Spot)?  Yes  No  
If yes, how have you used it so far?

How has (Spot) responded to her crate so far?

### **Chewing**

Is (Spot) chewing on anything she shouldn't be?  Yes  No If yes, what?

What toys does (Spot) have of her own that she can be taught to chew on instead?

### **Jumping**

Is (Spot) jumping on people in the household?  Yes  No  
If yes, under what circumstances?

Do you consider the jumping to be a problem?  Yes  No

Is (Spot) jumping on people outside the household?  Yes  No  
If yes, under what circumstances?

Do you consider the jumping to be a problem?  Yes  No

What, if anything, have you done to address the jumping thus far?

## **Puppy Biting**

Is (Spot) biting, play biting, or chewing on people in the household?  Yes  No  
If yes, under what circumstances?

Do the bites hurt?  Yes  No    Have the bites broken or scratched skin?  Yes  No

What have you been doing in response to the biting thus far?

## **Socialization**

How many new people is (Spot) meeting each week?

How many new dogs is (Spot) meeting each week?

How many new places is (Spot) visiting each week?

Is (Spot) enrolled in a puppy class or puppy social?  Yes  No    If yes, where?

How does (Spot) react when he/she encounters a new:

<input type="checkbox"/> man	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> woman	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> child	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> dog	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> noise	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> place	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> other:	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it

### **KEY:**

- loves it: wags tail, play bows, runs up to it, etc.
- doesn't seem to notice: continues with whatever he/she was already doing
- doesn't like it: hesitates, doesn't investigate, freezes, etc.
- hates it: yelps or barks, tries hard to pull or run away, etc.

## **Handling**

How does (Spot) react when you touch her on his/her:

<input type="checkbox"/> paws	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> tail	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> ears	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> muzzle	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> head	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> rump	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> other:	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it

or when you:

<input type="checkbox"/> give her a hug	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> grab her collar	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it
<input type="checkbox"/> reach toward her	<input type="checkbox"/> loves it	<input type="checkbox"/> doesn't seem to notice	<input type="checkbox"/> doesn't like it	<input type="checkbox"/> hates it

stand over her                       loves it     doesn't seem to notice     doesn't like it     hates it

**KEY:**

- loves it: wags tail, play bows, etc.
- doesn't seem to notice: continues with whatever she was already doing
- doesn't like it: hesitates, tries to pull away, freezes, etc.
- hates it: yelps, struggles, tries hard to pull or run away

**Resource Guarding**

How does (Spot) react when you try to take, touch, or approach her:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> toys or other objects | <input type="checkbox"/> readily gives it up | <input type="checkbox"/> tries to pull it away or leave w/ it | <input type="checkbox"/> growls or snarls |
| <input type="checkbox"/> food                  | <input type="checkbox"/> readily gives it up | <input type="checkbox"/> tries to pull it away or leave w/ it | <input type="checkbox"/> growls or snarls |
| <input type="checkbox"/> treats or chews       | <input type="checkbox"/> readily gives it up | <input type="checkbox"/> tries to pull it away or leave w/ it | <input type="checkbox"/> growls or snarls |
| <input type="checkbox"/> favorite spot         | <input type="checkbox"/> readily gives it up | <input type="checkbox"/> tries to pull it away or leave w/ it | <input type="checkbox"/> growls or snarls |
| <input type="checkbox"/> favorite person       | <input type="checkbox"/> readily gives it up | <input type="checkbox"/> tries to pull it away or leave w/ it | <input type="checkbox"/> growls or snarls |

**Barking (and Separation Anxiety)**

Does (Spot) seem to bark:

- At particular things:
- In particular situations:
- In order to get something:
- When she is restricted by a leash, fence, window, etc.:

Does (Spot) bark  only when you're away  as much when you're home as when you're not  
 only when you're home?

Does (Spot) ever :

- chew or scratch to the point of losing hair or bleeding
- urinate or defecate, only when you are not home
- display anxiety when you are leaving
- refuse food while you are away
- greet excessively when you return
- chew on doors or windows
- escape regularly while you are away

*See Separation Anxiety Intake if one or more of these are occurring with excessive vocalization when left alone.*

**Any other important information/details you we should know:**