

JOHN TRAINS DOGS

Client Intake Form

Name *

First Name

Last Name

Phone Number *

Area Code

 -

Phone Number

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email *

example@example.com

Emergency contact, phone number, and relation *



What time of day would be best for an appointment? (Check all that apply.) *

- Morning
- Afternoon
- Evening

What part of the week would be best for an appointment? (Check all that apply.) *

- Weekday
- Weekend

Do you have a digital copy of your dogs vaccination records available? *

- Yes
- No

Are there any other pets besides a dog in your home?

Type here...

Who are the other family members in the home?

Type here...

Do you have a fenced in yard? *

- Yes
- No

Are you a first time dog owner? *

- Yes
- No



About Your Dog

Now create your own Jotform - It's free!

Create your own Jotform

What is your dog's name? *

How old is your dog? *

What is their breed? *

What is their date of birth?

 

Date

Gender *

- Male
 Female

Spayed or Neutered? *

- Yes
 No

Where did your dog come from? *

How long have you had your dog for? *

If you adopted your dog from a shelter or rescue, what do you know about the dog's history?



You can also upload any documents you might have from the rescue

This is optional

Who is their veterinarian? *

Fill this out if you have a second dog that is taking part in the training.

What is your dog's name?

How old is your dog?

What is their breed?

What is their date of birth?

Date



Female

Spayed or Neutered?

Yes
 No

Where did your dog come from?

How long have you had your dog for?

If you adopted your dog from a shelter or rescue, what do you know about the dog's history?

You can also upload any documents you might have from the rescue

Browse Files

This is optional

When was their last vet visit and for what reason? *



Does your dog have any injuries, medical conditions, or previous surgeries? *

- Yes
- No

Is your dog on any medication (besides heartworm and flea & tick preventatives) *

- Yes
- No

How does your dog handle routine care like brushing, baths, and nail trimming? Check all that apply *

- I can brush my dog without issue
- My dog enjoys bath time
- Nail trims are no problem
- My dog has issues with body handling

Is your dog house trained? *

- Yes
- No

How much do you feed your dog? Please list brand and how much you feed per meal *

Does your dog eat their food right away or do you leave it down all day? *

- They eat it right away
- I leave it down for them all day

Does your dog ever eat from a food dispensing toy like a Kong? *



I don't even know what a Kong is

Does your dog have any food allergies or are you aware of any food that upsets their stomach? *

Yes

No

What are your dogs favorite treats? *

What kind of toys does your dog like to play with? *

What type of chews does your dog enjoy - rawhides, bullysticks, etc? *

Has your dog ever growled or snapped when attempting to take any item from them? *

Yes

No

Does your dog bark, lunge, or get excited when they see another dog when leashed? *

My dog barks at other dogs more than 50% of the time

My dog barks at other dogs less than 50% of the time

My dog ignores other dogs while leashed

Is your dog crate trained? *

Yes



What does your dog do when you are not at home? *

What kind of exercise does your dog get each day and for how long? *

How well does your dog get along with other dogs? *

Does your dog enjoy being around children? *

Have you done any previous training with your dog? *

- Yes
- No

Has your dog ever bit or attempted to bite someone? *

- Yes
- No

What type of problems are you dealing with? Give as much information as possible. *



Don't be shy - even my dog isn't perfect

What have you tried to resolve these issues? *

What are your goals for yourself and your dog? *

What is your favorite thing (or things) about your dog? *



Type here...

Subscribe to the occasional email update? No spam. Just relevant information about living with your dog and any important schedule or service changes.

Yes, subscribe me to this newsletter.

Please verify that you are human *

Submit

