



Basic Intake & Goal Assessment

Client & Dog Information

Guardian's Name:	Date:
Home Phone:	Work Phone:
Cell Phone:	Email:
How did you hear about us?	
Dog's Name/ ID:	Breed/Age/Sex:
Date of Adoption:	
Most recent vet visit and results:	

Dog's Routine

Describe your dog's daily routine:
What does your dog do for exercise, and how often and for how long?
What does your dog do when you're gone from the house?
What kinds of toys, chews, etc. does your dog play with, and how often? When does he/she play with his/her toys?



Training History/Reinforcers

Have you done any training with your dog or had he/she done any before you adopted him? Where did you do the training? Can you describe the basic approach you learned to train your dog? Did you feel you got the results you were looking for?

What are your dog's favorite foods or treats?

What are your dog's favorite toys:

What are your dog's favorite activities?

Client's Goals

What would you like your dog to do?

What would you like to be able to do with your dog?