

Fill out and send to info@dogsoncue.com.au Private Dog Training

Client and dog information	
Your Name:	Date:
Phone:	email:
Address:	How did you hear about us?:
Dog's Name:	Breed/Age/Sex:
Date of Adoption:	Desexed/Neutered? Y / N Plan to breed? If so what date:
Vet details (name/address/phone):	Vaccinations (include dates):
Medical conditions/issues:	
Present	ting Issues
Present Briefly describe the primary issues you would like assist	_
	tance with:
Briefly describe the primary issues you would like assist	an issue?:



Dog's History Have you done any training with your dog, or had he/she done any before you adopted them? Where did you do the training? Can you describe the basic approach you learned to train your dog? What cues/behaviours does your dog already know? (eg: sit, lie down, shake hands, stay/come etc) Has your dog ever bitten anyone or another dog? If so, please describe: Does your dog show fear/aggression/reactivity to other dogs, animals or humans? If so, please describe: Are there any other triggers that causes fear/aggression/reactivity/anxiety in your dog? **Household Information** Other animals/pets in the house? If so please list: Other family members? (eg: partner, kids) Do people come and go? (eg: gardener, cleaners) Emergency contact: (name and phone)

www.DogsOnCue.com.au info@dogsoncue.com.au 0451919302



Client's Goals	
What would you like your dog	g to do?
What would you like to be ab	le to do with your dog?
Likes/Reinforcers	
	Likes/Reinforcers
Favourite food?:	Likes/Reinforcers
Favourite food?: Favourite toys?:	Likes/Reinforcers
	Likes/Reinforcers
Favourite toys?:	Likes/Reinforcers
Favourite toys?: Favourite activities?: Likes to chase?:	Likes/Reinforcers

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