

New Client Questionnaire

**Info about yourself**

Full Name:

Email:

Phone Number:

Address:

Town/City:

How did you hear about Fresh Start Canine Behavior:

Please list all members of your household including ages of children and pets:

**Info about your dog**

Dog’s name:

Age:

Breed:

Weight:

Sex:

Is your dog fixed:

Rabies exp. Date:

Where did you get your dog:

How long has your dog been with you:

Is this your first dog:

Daily exercise (how long and what activity) for dog:

Highlight/Underline the number that **best** describes your dog’s abilities

0= Never 1= 25% of the time 2= 50 % of the time 3= 75% of the time 4= 100% of the time

My dog sits on command when at home 0 1 2 3 4

My dog sits on command in public 0 1 2 3 4

My dog lies down on command at home 0 1 2 3 4

My dog lies down on command in public 0 1 2 3 4

My dog comes when called at home 0 1 2 3 4

My dog comes when called in my yard 0 1 2 3 4

My dog comes when called in public 0 1 2 3 4

My dog can stay from short distances 0 1 2 3 4

My dog can stay from far distances 0 1 2 3 4

My dog heels on the leash 0 1 2 3 4

My dog can sit politely for people to pet him 0 1 2 3 4

My dog waits patiently for me to put his dinner down 0 1 2 3 4

Add anything else you think I should know! Goals, problem behaviors, questions, etc: