



Training Client Submission Form

Please submit to training@playdogvt.com upon completion

Owner's Name (First and Last Name): _____

Email Address: _____ Phone Number: _____

Address: _____

Dog Name: _____ Breed: _____

Dog's Date of Birth: _____ Veterinarian: _____

- Neutered Male
- Spayed Female
- Unaltered Male
- Unaltered Female

What are the issues you're experiencing with your dog?

Please list the behavioral issues you are experiencing in order of priority:

- 1.
- 2.
- 3.
- 4.

What are you looking to get out of training? What are your goals? (*Ex. My dog needs to get along with other dogs in the house.*)



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Has your dog ever spent time in a kennel?

Is your dog crate trained?

Where did you get your dog (breeder, rescue, craigslist, etc.)?

How long have you owned the dog?

What does your dog find motivating? Food? Toys? Affection?

Has your dog ever been in a daycare environment? Any reported issues?

Have you been through any prior training with your dog? If yes, for what reasons?

Does your dog have all of its required shots (we require DHLPP, Rabies, Bordetella and Canine Influenza)?

Does your dog have a known history of possessiveness? Food? Toys? Humans? Other dogs? Please explain the circumstance(s):



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To the best of your knowledge, has your dog ever demonstrated aggression towards other dogs? Please explain the circumstance(s) and the resulting degree of injury.

To the best of your knowledge, has your dog ever demonstrated aggression towards humans? Please explain the circumstance(s) and the resulting degree of injury.

Is your dog anxious or fearful of new people (stranger anxiety)?

Is your dog fearful of any objects? Vacuums? Cars? Skateboards? Bikes?

Has your dog ever acted aggressively as a result of fear for these objects? Please explain the circumstance(s).

Does your dog have a known history of separation anxiety?

What is your dog's normal exercise routine like?



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Does your dog have any known food allergies?

Does your dog have any ongoing health issues (dysplasia, sensitive ears/paws, etc.)? Is your dog currently on medication for any of these issues?

What surfaces do you have at home (carpet, hardwood, both)?

How does your dog react to being bathed? Brushed? Nails trimmed?

Does your dog engage in any of the following behaviors? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Mouthiness | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Nuisance Barking | <input type="checkbox"/> Humping |
| <input type="checkbox"/> Pulling on Leash | <input type="checkbox"/> Dominance/Territoriality |
| <input type="checkbox"/> Excessive Whining | <input type="checkbox"/> Escaping/Running |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Charging Dogs or People |
| <input type="checkbox"/> Jumping Up | <input type="checkbox"/> Other (Please Explain): |

What is your availability? (Morning, Afternoon, Evening)? Email? Phone?