

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

**History**

How long has this animal been part of your family? : \_\_\_\_\_

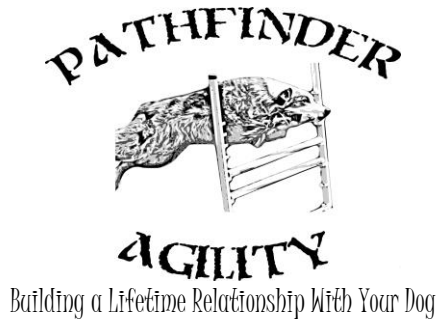
How did this animal come to be with your family? : \_\_\_\_\_

Describe your animals diet, including food & supplements, as well as eating habits: \_\_\_\_\_

Describe the exercise your animal gets: \_\_\_\_\_

Do you and your animal companion participate in any sports or activities together?  yes  no

Describe: \_\_\_\_\_



What are the things you like most about your animal friend? : \_\_\_\_\_

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What are the behavioral issues that you would like to change or improve? (Please list all and be specific, including duration & circumstances (use another sheet of paper if needed, also see the checklist below):

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How have you attempted to assist your animal/self/family with these issues and what were the results? :

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Please use this checklist to help you consider your animals' challenges. Circle all that apply.

### Personality Type

- Friendly/outgoing    Aloof    Shy    Eager to please    Lethargic    Fearful    Hyperactive  
 Nervous    Temperamental    Unable to Focus    Other: \_\_\_\_\_

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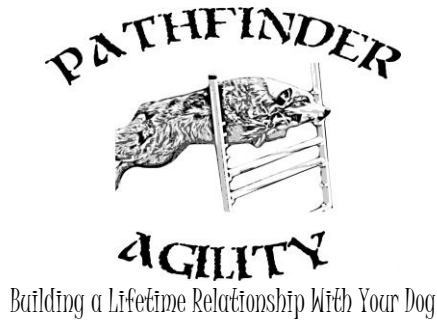
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### Aggressive Behavior

- Strange Adults    Strange Children    Family Members    Dogs    Cats    Growling    Biting  
 Other: \_\_\_\_\_

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**Fears / Resistances / Social Skills**

- Afraid of Strangers     Loud Noises     Thunderstorms     Nail clipping     Brushing     Grooming
- Teeth Cleaning     Vet Visits     New Environments     Car Sickness     Other Animals
- Different Surfaces/Footing/Stairs     Leash Pulling     Jumping up     Digging     Chewing
- Excessive Licking     Running Away     Submissive Urination     Excessive Vocalization     Other:

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**Wellness Concerns**

- Aging     Arthritis     Dysplasia     Incontinence     Illness     Injury     Surgery     Other:

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**Other Comments or History:**

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**How did you hear about me and Pathfinder Agility and Dog Training? :**

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I have read the Statement of Disclosure and Client Agreement and by submitting this form, I agree to abide by the terms of that agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_