Canine Collaborative Intake Evaluation Form

Please fill out all areas to the best of your ability. Boxes will expand to allow you as much room as you need to enter information. Return the completed form to christina@canine-collab.com.

**Your information**

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| Name: | First and Last Name |
| Household: | Please include the names and relation of the other members of your household |
| Email: | Best email to contact you |
| Street: | Street Address |
| City/State: | City/State/Zip |
| Phone: | Best number to contact you |
| Best: | What is the best way to contact you? |

**Dog’s information**

Please list all animals in the household.

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| Name: | Your dog’s name |
| Breed(s): | Their breed or your best guess |
| Age: | Approximate age |
| Sex: | Female/Male and Intact/Neutered |
| Where is your dog from? | Where did you acquire your dog and approximately how old were they? |
| Any health issues or medications? | Is your dog experiencing any health issues or on any medications currently? |
| Other Household Pets: | Please list any other pets in the household and their approximate species/breed/age(s) |

**General Information**

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| Why did you contact Canine Collaborative? |
| Please provide a brief summary of the problem. |

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| Where did you hear about us? |
| Please provide a brief summary of the problem. |

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| Have you ever done any private training or classes with your dog? |
| If so, please include where, when, and for approximately how long. |

**Daily Life**

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| Describe a typical day in the life of your dog. |
| Include as much detail as you’d like including typical daily exercise, where your dog spends the majority of their time, and where they sleep. |

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| What does your dog eat and how often are they fed? |
| Click or tap here to enter text. |

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| Is your dog crate trained? |
| Click or tap here to enter text. |

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| Is your dog allowed to run free in the house? |
| Click or tap here to enter text. |

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| Is your dog allowed unsupervised time in the yard? |
| Click or tap here to enter text. |

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| Describe taking your dog for a walk. |
| Please include what equipment you walk your dog in (ie harness, collar, etc). |

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| Does your dog socialize with other dogs outside the family? |
| Click or tap here to enter text. |

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| Is your dog sensitive about any part of their body being handled? (ears, mouth, tail, etc) |
| Click or tap here to enter text. |

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| Does your dog like to play with toys? |
| Click or tap here to enter text. |

**Behavioral Concerns**

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| Does your dog have any problems with the following? | | | | |
| Barking | Digging | Jumping | Chewing | Nipping |
| Biting | Other, please explain: Click or tap here to enter text. | | | |

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| How do you reinforce desirable behavior? |
| Click or tap here to enter text. |

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| How do you address undesirable behavior? |
| Click or tap here to enter text. |

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| Has your dog ever growled or snapped over food, toys, or other objects to humans or other animals? |
| Click or tap here to enter text. |

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| Has your dog ever growled, snapped at, or bitten other dogs? |
| Please include any incidence of your dog growling, snapping at, or biting other dogs. |

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| Has your dog ever growled, snapped at, or bitten any person? |
| Please include any incidence of your dog growling, snapping at, or biting a person. |

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| How does your dog respond when strangers approach/enter your home or yard? |
| Click or tap here to enter text. |

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| Do you consider dog reactive? |
| Click or tap here to enter text. |

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| Is there anything else you’d like us to know? |
| Click or tap here to enter text. |