

**Canine Behavior and Wellness Intake**  
**Please complete this before your session**

Owner Name(s): \_\_\_\_\_

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

P: \_\_\_\_\_ C: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed or Breed-X: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Sex: M  F  Spayed  Neutered

Any formal training?  Yes  No Type? \_\_\_\_\_

**Who does the dog interact / live with?**  Children  Other Pets  Family Members  Other

**Please check one or both:**  Behavior, Training & Wellness  Pet Therapy Team Training

A. Describe Problem Behavior(s) / Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe Your Dog(s) Lifestyle & Well-Being (we'll explore this more in session):

1. Date of Last Wellness / Health Check: \_\_\_\_\_

2. Veterinarian(s): Name(s): \_\_\_\_\_

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

3. Is your dog in good health?  Yes  No

If not, please describe and bring your Veterinarian's Treatment Plan including medication:

\_\_\_\_\_

4. Nutrition/Food/Treats: \_\_\_\_\_

5. Supplements: \_\_\_\_\_

6. Feeding Schedule (who, what, when where): \_\_\_\_\_

7. Exercise: \_\_\_\_\_

8. Grooming: \_\_\_\_\_

C. Any Major Lifestyle Changes/Stressful Transitions Recently (briefly describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer the following as best as you can ...

ANTECEDENT (what happens):

1. What is happening just before the behavior?
2. When does the dog's behavior occur?
3. Where does the behavior occur?
4. Who is present when the behavior occurs (children, other pets, visitors, strangers)?
5. Are there times when the behavior is not a problem (when)?
6. Can you bring on the behavior by doing something?  Yes  No

Describe \_\_\_\_\_  
\_\_\_\_\_

CONSEQUENCES

7. What usually happens immediately after the dog engages in the behavior?
8. What do family members or observers do when the behavior occurs?
9. Is the dog being rewarded (attention) for the behavior at any time?
10. What are the 3 most important goals you would like to achieve with your dog?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Notes:

Please indicate your dog's REACTIONS TO SITUATIONS by placing a "✓" in the column..

Situation	No Reaction	Lift Lip	Growl	Bark	Lunge	Snap	Bite	Not Tried
Dog eating out of bowl, walk by, reach for, take bowl away ...								
Dog eating real bone – walk by, reach for, take away								
Dog has high-value treat (i.e. bully stick, pig's ear), walk by, reach for, take away								
Dogs has toy – walk by, reach for, take away								
Dog has stolen food item – walk by, reach for, take away								
Walk by or disturb sleeping dog								
Push dog off bed or sofa								
Disturb dog while in crate								
Physically restrain dog								
Put on leash, collar or harness								
Lift dog up								
Pull back by collar when barking								
Brush / Groom Dog / Nail Clipping								
Wipe dog's feet or face with towel								
Medicate ears / eyes / give pills								
Cause pain (remove tick, accidentally step on tail/paw)								
Hug dog								
Suddenly reach for or over dog								
Push dog into sit / down <i>frequently</i>								
If dog is sitting with a person and another person approaches (spatial bubble)								
Yell at or around dog loudly (angry yelling)								
Loud noises inside or outside								
Punish with a visual cue (point finger, scowl)								
Physically punish (scruff, shake, hold muzzle, swat, hit ... other)								
Stare at dog								
Dog at the Veterinarian's Office								
Dog at the Groomer								
Dog in new situations								
Stranger walks past the home or yard								
Stranger approaches the home								
Stranger enters the home								
Stranger walks by / approaches the car								
Going through a drive-in with the dog in car								
Dog on leash passes stranger								
Dog on leash approached by a stranger								
Dog on leash approached by unfamiliar children								
Dog on leash approached by another dog								

Dog on leash passing another dog (distance)								
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**WAIVER, LIABILITY, ASSUMPTION OF RISK  
AND AGREEMENT TO HOLD HARMLESS**

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I understand that attendance of a dog training class, during private training at the facility, in my home or other location, pet assisted therapy training, canine massage and/or educational workshops - is not without risk to myself, members of my family, guests who may attend or my dogs.

I hereby waive and release Dog Talk Training and Wellness, LLC, New England Pet Partners, Inc., employees and agents (training facility), facilitators, presenters and instructors for any liability of any nature, injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of any such damage or injury, while attending any training sessions or any other function at Dog Talk Training and Wellness, LLC and New England Pet Partners, Inc., and/or while on the training grounds / facility. This applies to surrounding area, during private sessions in my home and/or other designated location including traveling to and from Dog Talk LLC and/or New England Pet Partners, Inc.

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\_\_\_\_\_

\_\_\_\_\_

Signature of Owner(s), Handlers or Authorized Agent:

Date \_\_\_\_\_