



Ricker's Kay9 Dog Training, LLC.

Client Profile Form

Office To fill out: _____	Training Program Type: _____
Vaccinations: __	Fee: __ Handouts given: __ Contract: __

Your Name: _____ **Dog's Name:** _____

Dogs Age: _____ **Dog's Breed(s):** _____ **Dog's Sex:** _____

Your address: _____

Phone: _____ **Email:** _____

Vet's Name: _____ **Is your pet Spayed / Neutered? Yes / No**

Does your dog have any physical ailments or medical problems? Yes or No

If Yes, what? _____

Is your pet on any medication? Yes / No - if Yes, What? _____

List other family members and ages of children in the home:

Do you have other pets in the home: Yes / No – If yes, What? _____

Where was your dog gotten from? Pet Store / Breeder / Shelter / Other

Please provide name if it was a pet store or shelter. _____

Age you got the dog: _____ **How long has the dog been with your family?** _____

Have you done any training classes or training with any other trainers? Yes / No

If yes, When and where? _____

What do you want to accomplish with training? _____

How much time is your dog alone each day? _____

Is the dog crated or free to roam? _____

How much exercise do you give your dog each day? (specify minutes and type of exercise) _____

What reason(s) do you have for wanting to bring your dog to a trainer? _____

What is your dog's Regular food? _____

What time of day does your dog eat? _____

Circle any of the following that apply or can be used to describe your dog: This information can be used to create a personalized training plan for you and your dog.

Growls Pushy Shy Bites Fearful Guards food / toys Won't listen to you
Excessive energy Jumps up on people Too Clingy Mouthy Aggressive Barks a lot
Not good with other dogs Not good with people Destructive
Other _____ Other _____ Other _____

Briefly explain any things you have circled above:

Does your pet have any food allergies? Yes / No

If yes, please list: _____

To aid in training, please list and rate your pets favorite things. Please rank in order 1 to 5 with 1 being the most favorite.

<u>Rank</u>	<u>Food Treats</u>	<u>Toys</u>
1		
2		
3		
4		
5		

Client Signature: _____ Date: _____