Evaluation

Client Information		
Name:		Date:

Animal Information		
Name:	Male / Female	Altered: Yes / No
DOB/Age:	Breed:	
Adopted From:	At What Age:	
Reason for visit:		
Client Comments:		
Notes:		
Recommendations:		
Scanned by:	Date:	

Evaluation

Client Information	
Name:	Date:

Animal Information		
Name:	Male / Female	Altered: Yes / No
DOB/Age:	Breed:	
Adopted From:	At What Age:	
Reason for visit:		
I am interested in:	Private Training: Group Classes (Please indicate which classes)	

My dog knows the following behaviors:

Sit	Yes / No	**Down**	Yes / No	**Wait**	Yes / No
Leave It	Yes / No	**Stay**	Yes / No	**Off (you/furniture)**	Yes / No
Come	Yes / No	**Go Place/Spot**	Yes / No	**Go Around**	Yes / No
Heel	Yes / No	**No Bark**	Yes / No	**Quit/Stop**	Yes / No
Give/Drop	Yes / No	**Stand**	Yes / No	**Roll Over**	Yes / No
Speak	Yes / No	**High Five/Ten**	Yes / No	**Shake/Paw**	Yes / No
Spin	Yes / No	**Play Dead**	Yes / No	**Crawl**	Yes / No
Bow	Yes / No	**Sit Pretty/Beg**	Yes / No	**Back Up**	Yes / No
Watch Me	Yes / No		Yes / No		Yes / No

Loose Leash Walking	Scale 1-10 (10 being perfect) 1 2 3 4 5 6 7 8 9 10

My dog does the following:

Excessive Barking	Yes / No	**Chewing**	Yes / No	**House Soiling**	Yes / No
Digging	Yes / No	**Jumping Up**	Yes / No	**Running Away**	Yes / No
Nipping/Mouthing	Yes / No	**Counter Surfing**	Yes / No	**Pica/Coprophagia**	Yes / No
Growling	Yes / No	**Resource Guarding**	Yes / No	**Fearful of People**	Yes / No
Fearful of Dogs	Yes / No	**Environment Fear**	Yes / No	**Dog Agression**	Yes / No
People Aggression	Yes / No	**Containment Phobia**	Yes / No	**Destruction**	Yes / No
Thunderstorm Fear	Yes / No	**Noise Sensitivity**	Yes / No	**Separation Anxiety**	Yes / No
Beg for Food	Yes / No		Yes / No		Yes / No