

Click Treat Play

www.clicktreatplay.com
Karen@clicktreatplay.com
770-467-3480
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Basic Information

Client & Dog Information

Your Name:

Date:

.././2020

Phone:

Email:

Address:

Dog's Name:

Breed/Age/Sex:

Date of Purchase/Adoption:

How did you hear about us?

Most recent vet visit and results:

Spayed/Neutered?

Dog's Routine

Describe your dogs daily routine:

What does your dog do for exercise?

What does your dog do when you're gone from the house?

What is your dogs' favorite thing to do?

Training History

Have you done any training with your dog?

Where did you do the training?

Can you describe the basic approach you learned to train your dog?

Did you feel you got the results you were looking for?

What are your dogs' favorite foods or treats?

What are your dogs' favorite toys?

What are your dogs' favorite activities?

Client's Goals

What would you like your dog to learn?

What would you like your dog to stop?

What else should I know about your dog?