



## Canine Academy Intake Form

Karen Pryor Certified Positive Reinforcement Training

*Private In-Home Training*

*Virtual Training*

*Leash Training*

*Small Group Socialization Group Classes*

### **Contact us!**

**Email:** [learn@luckydogcare.com](mailto:learn@luckydogcare.com)

**Phone:** (541) 744-2275

**Location:** 423 Q Street

Springfield, OR 97477

# Owner Information

Name:

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Email:

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Phone Number:

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Emergency Contact Name:

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Emergency Contact Phone Number:

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How did you hear about Luckydog's Canine Academy?

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Our training team will need to communicate directly with you as we work together. What is your preferred method of communication?

- Email
- Text Message
- Phone Call

What is the best day & time to reach you?

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What causes you to seek out dog training?

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Have you sought training for dog's you have owned in the past? If so, please share a bit about that experience.

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What are your training goals for you and your dog?

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# Dog Information

Name:

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Age:

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Breed(s):

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Sex:

- Male
- Female

Where did you get your dog?

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At what age did you get your dog?

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Do you have any history on the mom and/or siblings of your dog? This would include information on the first weeks & months of life, any known medical or behavioral issues of mom and/or siblings.

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Type of food fed:

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How often:

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Where does your dog stay during the day?

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Where does your dog stay at night?

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What is your dog's daily exercise routine?

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Does your dog receive any other socialization or exercise such as daycare, walks, dog parks, etc.? What is the frequency (daily, weekly, etc.)?

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What type of rewards does your dog receive?

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What tools did you utilize for training? (Select all that apply)

- Clicker
- Food Rewards
- Prong Collar
- E-Collar
- High Value Toys
- Other: \_\_\_\_\_  
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What three activities does your dog really enjoy?

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# Health Information

Veterinarian Information:

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Are your dog's vaccines current?

- Rabies
- Distemper/Parvo/Lepto
- Bordetella
- K9 Influenza
- Recent Fecal Test

Is your dog altered? If so, at what age?

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Does your dog have any significant medical history?

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Does your dog have any medical issues or any medications taken regularly?

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# Behavior Information

What behavior issues have led you to seek training?

- Potty Training
- Leash Pulling
- Reactivity (Please specify extent below)
- Fixation
- Excessive Barking
- Counter Surfing
- Jumping
- Rushing the Door
- Mouthiness
- Socialization
- Recall
- Other (Please specify below)

Reactivity (Please be as specific as possible):

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Other:

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Have there been any incidents that we should be aware of? (Examples: bite history, aggression, etc.)

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Please describe your dog's specific behavior(s) in as much detail as possible.

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What was the age of onset of this behavior(s)?

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What is the frequency of this behavior(s)?

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Describe any precipitation circumstances to this behavior's onset. Examples would include exposure to other aggressive dogs, medical trauma, being lost or abandoned, major household changes, illness, etc.

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Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

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Are there any specific conditions which seem to trigger the behavior?

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Can your dog be interrupted when engaged in the behavior?

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Describe any methods used to stop the behavior & the dog's response to these methods.

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Please give a detailed description of the last time this problem occurred.

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Have you sought help previously? If so, describe what training methods were utilized.

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Any other information you would like to share with our training team:

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Do you have any questions or concerns regarding our Canine Academy?

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