



# Simply Balanced K9

## INTAKE QUESTIONNAIRE

Owner(s) name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Telephone Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Dog's Gender:     M           F Dog's Age: \_\_\_\_\_ Age when brought home: \_\_\_\_\_

Microchip # (if applicable) \_\_\_\_\_ Is your dog spayed or neutered? Yes No

Where did you acquire your dog? (Breeder, pet shop, breed rescue, shelter, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Rate your dog's Temperament from 1-10 (**1**= super confident/friendly to **10**= super aggressive/fearful): \_\_\_\_\_

Rate your dogs fearfulness from 1-10 (1= easily adapts to new situations/people - 10 fearful of everything/anything): \_\_\_\_\_

Is your dog possessive of food or toys?   Yes       No

Has your dog ever bitten another dog?   Yes       No

Has your dog ever bitten a human?       Yes       No

What is your dog's training history? Please check all that apply:

No training\_\_ Puppy Class\_\_ Group Class \_\_ Private Professional Training \_\_ Trained yourself\_\_

How did you hear about our training services?  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to explain your answers to any of above questions (use back if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## BEHAVIORAL QUESTIONNAIRE / TRAINING GOALS

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**Owner's Name**

**Dog's Name**

1. What are your current short term training goals?
2. What are your long term training goals?
3. Does your dog have any problematic behavior (i.e. behaviors you would like modified , changed or stopped completely)? If yes, please list and explain.
4. Who partakes in dog training at home (yourself, children , partner, etc)? Is there someone who will be able to reinforce training methods, complete homework assignments, etc., when dog is not in session? If yes, who?
5. Training is about changing dog and human behavior alike. Do you have a willingness to try new things and the open-mind required for change? Do you for-see any obstacles?
6. Is there anything else we should know about you or your pet?
7. Lastly, tell us one unique or special thing about your pet or something about them you love the most!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Simply Balanced K9

## VETERINARIAN RELEASE FORM

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Release:

I hereby give permission to Lauren Miller/ Simply Balanced K9 to contact my veterinarian clinic to verify my dog's vaccination status or discuss issues that might be pertinent to behavior modification and/or training.

Signature: \_\_\_\_\_

Name(Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_