



North Star Canines ~ [virginiadare2013@gmail.com](mailto:virginiadare2013@gmail.com)  
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## NORTH STAR CANINES INTAKE FORM

I ("Client") represent and warrant to Virginia Dare dba North Star Canines ("Trainer") that the information in this North Star Canines Intake Form ("Intake Form") is true, accurate and complete, and that I will inform Trainer as soon as possible if I learn of any inaccuracies or new information relevant to this Intake Form.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Name:

Referred by:

Phone:

Cell phone:

Address:

Email:

Dog's name:

Breed /sex / spayed or neutered:

DOB:

### **FOR ALL CLIENTS – PLEASE COMPLETE SECTIONS 1-6:**

1. Primary Concerns:

- In order of priority, what behaviors/skills would you like me to work on with you and your Dog?
- How long have these issues been present?
- Have you consulted anyone else prior to contacting Trainer?
- With what results?

2. Bite History/Behavior:

- Has the Dog bitten before? If so, provide description and dates of incident(s).
- Does the Dog bark (describe further):
  - For attention
  - When alone
  - When kenneled
  - Other – describe further

- Does the Dog growl, nip or bark/lunge (describe further):
  - At people
  - At dogs
  - Other
  
- Does the Dog guard (describe further):
  - Food
  - Toys
  - Bed/couch
  - Locations
  - People
  - Other
  
- Is the Dog uncomfortable/intolerant of: (describe further)
  - Other dogs
  - Children
  - Adults – men or women
  - Strangers
  - Being left alone
  - Being crated

3. Equipment:

- What kind of equipment do you typically use with Dog (leash, collar, harness, etc.)
- Other equipment – Gentle Leader, Thundershirt, etc.

4. Previous Training:

- Has the Dog had training previously? Describe.
- What cues and tricks does the Dog know?
- Is the Dog housetrained? If not, please describe.
- Is the Dog crate trained? If so, how much time does the Dog spend in the crate?

5. Exercise:

- How much exercise does the Dog get daily?
- What is the Dog's favorite game? Toys?

6. Diet:

- Does the Dog have food allergies?
- Where does the Dog eat?
- Describe the Dog's eating habits
- What other treats and chews do you give the Dog, and how much and how often?
- Does your dog eat or chew inedible objects? If so, please describe.

**FOR BOARDING AND BOARD AND TRAIN CLIENTS, PLEASE COMPLETE THE REMAINDER OF THE INTAKE FORM**

I want to be sure you know that you are paying for my **time** and the care of your dog while s/he stays with me. While I do not guarantee training results if your dog is staying here for training, I pay close attention to your list of desired behaviors, and will work consistently with your dog every day in an effort to meet your list. But every dog learns at a different rate, and there's only so much training that can be accomplished in a given period of time. Positive reinforcement techniques are used, and training sessions are staggered throughout the day.

Please be sure that your dog's collar has an identification tag prior to arrival. The Client must provide the Trainer with a sufficient supply of the dog's regular food when bringing the dog for training and/or boarding.

**A. Emergency and Veterinary/Medical Information:**

Client's trip location:

Contact info for trip location:

Local emergency contact:

Phones:

Alternate emergency contact:

Phones:

Vet office / vet's name:

Phone:

Address:

Current medications:

Reason(s) for meds:

Specific directions for any meds:

Additional health care notes:

Important medical history notes:

*Prior to arrival, please be sure dog is current on flea/tick preventative.*

**B. Feeding and Exercise:**

Dog's regular food:

Amount/times of day:

Additional notes:

Dog's regular treats:

Other treats okay? Yes / No

Treat / dietary restrictions:

Exercise frequency:

Exercise duration:

Modes of exercise:

**C. Other:**

- Will your dog calmly accept being left alone in a crate? Y / N
  - Will your dog calmly accept being left alone in an exercise pen? Y / N
  - Is it ok to have bedding in the crate, like towels, or is your dog likely to chew and consume fabric? Y / N
  - Does your dog ever target any items or furniture around the house to chew on? If so, what?
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- The Trainer's yard is fully fenced, with picket fencing being 3.5' high, and wire fencing at 4' high. Does your dog any history of jumping over, scaling, or digging under fences? Y / N

*Please note: even though I'm outside supervising in the fenced yard, your dog will be off leash. So, dogs would still be able to reach and go over the fence without me being quick enough to stop them. For this reason, it's vital your dog arrive here with a well-fitted buckle collar that has an I.D. tag securely attached.*

- Does your dog have a history of trying to dash through doors? Y / N
  - Does your dog have a history of digging in your yard? Y / N
  
  - Does your dog have a history of stealing items off tables or counters? Y / N
  - Does your dog guard food, chewies, toys, or found items from people or other dogs? Y / N
  - I typically use a variety of treats for training and for stuffing into food puzzles. Are there any food restrictions, i.e. treats/ingredients your dog should not consume? Y / N
- If yes, what do I need to avoid: \_\_\_\_\_
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Are there any other issues I need to be aware of while your dog is staying with me?

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