



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ (Home): _____

E-Mail Address: _____

Dog's Name: _____

Breed: _____ Age: _____ Sex: _____

Spayed/Neutered?: ☐ Yes ☐ NO If yes, at what age?: _____

Purchased from: ☐ Breeder ☐ Rescue/Shelter ☐ Other
Name: _____

Dog's Veterinarian: _____

When was your dog last vaccinated (day/month/year)?: _____

What kind/brand of dog food do you feed? _____

Does your dog have any health problems? ☐ Yes ☐ No If yes, please explain below:

Do you have any other pets in the house? ☐ Yes ☐ NO If yes, what kind, how many and what age:

Is your dog on invisible fence?: ☐ Yes ☐ No If yes, when was the training?: _____

Is your dog acclimated to a kennel? ☐ Yes ☐ No If yes, can they remain quiet/calm for a long period of time?: _____

Behaviors Questions:

Does your dog pull on the leash? ☐ Yes ☐ No

Does your dog nuisance bark? ☐ Yes ☐ No

Is your dog fearful (scared of sights or sounds)? ☐ Yes ☐ No

Does your dog jump on people when greeting? ☐ Yes ☐ No

Is your dog chewing or digging inappropriately? ☐ Yes ☐ No

Does your dog bark, lunge or attempt to fight w/ other dogs? ☐ Yes ☐ No

Does your dog bark or growl at people? ☐ Yes ☐ No

Has your dog bitten someone? ☐ Yes ☐ No

If yes, did the bite draw blood? ☐ Yes ☐ No

Does your dog growl or nip if you try to take food or toys away? ☐ Yes ☐ No

Where does your dog sleep at night? ☐ Kennel ☐ Your bed ☐ Free roam

Is your dog allowed on furniture? ☐ Yes ☐ No

What kind of toys does your dog have?..... ☐ Bones ☐ Soft/Plush toys ☐ Ropes ☐ All

What does your dog's daily exercise look like? _____

If you answered YES to any of the above questions and would like to explain further details or add any additional notes, please comment here:

Please list a few of your goals for training;

Have you registered in our system? ☐ Yes ☐ No If No, please follow this link Barksandrecec.gingrapp.com/customer to get your account set up.

For office use only:		Program: B&T, DT or PL	
Recommended Program:		Start Date:	
Remote Collar/Tool recommended:			

Evaluator Notes:
