

CLIENT BEHAVIOUR FORM

CLIENT DETAILS

Name _____

Address _____

Contact Number _____ Date _____

Email Address _____

How many adults live in the home? _____

How many children live in the home? (Please give ages) _____

Are there other pets? YES NO

If YES, please give details _____

PET DETAILS

Name _____ Age _____ Breed _____

Sex M F Neutered

Did you obtain your pet from a Breeder/Rescue Centre/Private home *please delete

What age was he/she? _____

How often, and for how long is your dog walked on a daily basis?

Does he/she have the opportunity to exercise off the lead? YES NO

Does he/she have the opportunity to play with other dogs? YES NO

Does he/she respond to call when off lead? YES NO Sometimes

Does your pet have access to a garden? YES NO

How often do family members play with your pet?

Is training carried out on a regular basis? YES NO

If YES please give details

Are food rewards used? YES NO

Where does your pet sleep? _____

Is your pet left alone on a regular basis? YES NO

If yes please give details _____

Would you describe his/her appetite as:

Ravenous Good Variable Poor

Would you describe your pet as;

	YES	NO	SOMETIMES
Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive (People)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive (Dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any current concerns with your pets health? YES NO

If yes please give details _____
