



## Initial Consultation Form

Owner's name and surname:

Address:

Phone:

Email:

Dog's name:

Veterinary practice:

Chip Number:

Breed:

Age:

Sex:           Spaying/castration, which age:

Medical condition/Allergies:

How old was the dog when you made it part of the family?

Other owners?

How long have you had the dog?

Where did you have it from?

Why did you choose this dog?

Did you have dogs before?

Describe the dog's temperament:

Name your dog's favourite:

food

toys

activities

Did you hire a professional trainer before?



Any behavioural concerns?

What are your expectations from this training and what do you wish for?