

DOG WORKS! CREATIVE K9 FITNESS, LLC
CLIENT HISTORY

Owner Name _____ Date _____	
Last	First
Address: _____	
Cell Phone: _____	Other Phone: _____
Email: _____	Your Work: _____
Dog: Name _____ Breed _____ Age _____	DOB _____ Weight _____
Male/Female/Neutered: _____ Rabies Vaccine Date: _____	DHLPP DATE: _____ BORDATELLA Date: _____

Has your dog bitten a human? Yes No Another Dog Yes No Explain: _____

Current Medications _____ Current Supplements _____

Current Vitamins _____ Current Over the Counter Medicines _____

Current Diet _____ Any known or suspected allergies _____

Dietary Restrictions _____

Ongoing Current Medical Conditions (circle all that apply): Diabetes-High Blood Pressure-Arthritis-back/neck pain-cancer-decreased hearing/vision-Heart disease-Hypothyroidism-Cushing's Disease-Other:

Surgeries with dates and location: _____

Recent injury: Date _____ Was healthcare professional seen? _____

Describe the injury: _____

Do you think your dog is in pain? _____

Is your dog under the direct care of a veterinarian for any current condition? Yes No

Your Dog's Current Canine Job _____

Your occupation _____

Family Veterinarian: _____

Other Healthcare Professionals: _____

What are your primary Goals for your dog?

Describe your own dog training and handling experience:

Do you have any limitations that you want me to be aware of?

Please comment regarding the following:

- Sleep:
 - Is your dog sleeping through the night?
- Movement:
 - Does your dog get up, turn around, lie down, and repeat - often?
 - Excessive bowing? Yawning?
- Any recent changes in your dog's appetite?
- Dietary Restrictions? (Food Allergies?)
- Any recent change in your dog's water consumption?
- Do you notice your dog urinating more than normal? Accidents?
- Weight – fluctuating or static
- Current exercise/day: distance & time, type during week?

- What exercise equipment do you have at home?

- What mental games do you engage in with your dog?

- Please list the Cues your dog already knows?
 - i.e.: sit, down, stand, back, hand target with nose, etc.

- Please list the current competitive sports your dog is involved in:
 - i.e.: agility, IPO, barn hunt, etc.

- Have you noticed any problems or changes in the way that your dog:
 - Sits
 - Stands
 - Lays down
 - Transitions from a:
 - STS (Sit to Stand)
 - DTS (Down to Stand)
 - Climbs up or down stairs
 - In/Out of Car - Go outside and observe
 - Does the dog move better or worse after activity? After rest?
 - Are there any tripping /balancing issues?
 - Do you hear scuffing of the nails when the dog walks?

How is your dog's social life?

People-Friendly _____ Hesitant _____ Reactive _____ Aggressive _____

Dogs-Friendly _____ Reactive _____ Aggressive _____

Classes you would like to take:

Traditional Obedience _____

Fitness _____

Agility _____

Other _____

Fun Run Time _____

Independent Agility Work _____

Individual Consult/training _____



PLEASE WRITE ANYTHING ELSE YOU WOULD LIKE TO ADD HERE!

CLIENT SIGNATURE _____ Date: _____

THANK YOU!

Marcia McMahon, CCFT- 719-651-4231 MACHMAUI@GMAIL.COM

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