

**DOG WORKS! CREATIVE K9 FITNESS, LLC**  
**CLIENT HISTORY**

Owner Name _____ Date _____	
Last	First
Mailing Address: _____	
Physical Address: _____	
Cell Phone: _____	Other Phone: _____
Email: _____	Your Work: _____
Dog: Name _____ Breed _____ Age _____ DOB _____ Weight _____	
Male/Female/Neutered: _____ Rabies Vaccine Date: _____ DHLPP DATE: _____ BORDATELLA	
Date: _____	How long have you had your pup? _____

Please be thorough:

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

Current Medications \_\_\_\_\_ Current Supplements \_\_\_\_\_

Current Vitamins \_\_\_\_\_ Current Over the Counter Medicines \_\_\_\_\_

Type/Brand of Food \_\_\_\_\_ 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!**

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**[DOGWORKSK9FITNESS.COM](http://DOGWORKSK9FITNESS.COM)**