



## Fetch Private Lessons Information Form Instructions

- Download and save this pdf form to your computer. You cannot submit the form online
- Open the saved file and complete the form as completely as possible. Click in any field and type your response
- Save the file on your computer
- Email the saved, completed form as an attachment to [fetch@fetch-dogtraining.com](mailto:fetch@fetch-dogtraining.com)

We will contact you as quickly as possible to starting a plan for you and your dog!

Questions? Email us at [fetch@fetch-dogtraining.com](mailto:fetch@fetch-dogtraining.com) or call us at 708-606-8276.

Thank you for your interest in Fetch! Dog Training. We look forward to working with you and your dog!



## Private Lesson Information Form

Please complete this form as completely as possible and return via email to [fetch@fetch-dogtraining.com](mailto:fetch@fetch-dogtraining.com).

Please include “**Fetch! Private Lesson Information**” in the email **Subject** line.

You can type your information directly into the form. Then, save the form and return it to **Fetch!** As an attachment in an email.

Thank you – we can’t wait to meet you and your dogs!

### BASIC INFORMATION

Today’s Date :		Your Dog’s Name :	
Your Name :		Your Dog’s Breed :	
Your Address :		Your Dog’s Age :	
Your City :		Your Dog’s Gender :	
Your Home Phone :		Spayed / Neutered ?	
Your Cell Phone :		Date of Spay / Neuter :	
Your Email Address :			

### SESSION PREFERENCES – PLEASE BE AS SPECIFIC AS POSSIBLE

How Did You Hear About Fetch! :	
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### VETERINARIAN INFORMATION

Vet’s Name :	
Clinic Name :	
Clinic or Vet Address :	
Clinic or Vet Phone Number :	



## DOG'S BEHAVIOR CONCERN(S)

Primary Concern :		Primary Concern Frequency :	
Secondary Concern :		Secondary Concern Frequency :	
Other Concern :		Other Concern Frequency :	

How Old Was Your Dog When the Primary Concern Became An Issue :	
When Did the Main Concern Become A Serious Problem?	

Under What Circumstances Does The Behavior Happen :	
Has the Behavior Become More Frequent or Intense ?	

Most Recent Incident (Including When and As Much Detail As Possible) :	
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Another Recent Incident (Including When and As Much Detail As Possible) :	
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Another Recent Incident (Including When and As Much Detail As Possible) :	
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What steps have you taken to try and correct the behavior(s) including discipline and/or training?:	
What methods, if any, do you use to reward your dog for good behavior?	



## HOME ENVIRONMENT

Please list the names and ages of all people living in your household, including yourself.

Name :	Age :	Hours Per Day Spent Away From Home :

Please list all animals in the household including the dog in question (in the order of which you obtained them) :

Name :	Type :	Breed :	Gender :	Age When Obtained :	Age Now :

Please describe your dog's behavior towards to other animals (i.e. friendly, hostile, fearful, aloof) :

Familiar Animals :	
Unfamiliar Animals :	

Select the Choice Which Best Describes Your Domicile(s) :	
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Please describe any major changes your household has undergone since you got your dog. For example: moving, added/subtracted people or animals to the home due to births, deaths, etc.

## YOUR HISTORY WITH DOGS AND THIS DOG

<u>Have You Owned Dogs Previously ?:</u>		
<u>Why Did You Decide To Get This Dog and Breed? :</u>		
<u>Where Did You Get This Dog ? :</u>		
<u>If Other, Please Provide Details :</u>		
<u>Has This Dog Had Previous Owner(s) :</u>		<u>If Yes, How Many ? :</u>
<u>If Yes, Do You Know Why The Previous Owners Gave Up the Dog ? :</u>		

## YOUR DOG'S DIET AND FEEDING HABITS

<u>What Do You Feed Your Dog – Brand &amp; Type? :</u>			
<u>How Often Do You Feed Your Dog? :</u>		<u>How Much Do You Feed Your Dog Per Feeding? :</u>	
<u>Who Feeds Your Dog? :</u>		<u>Does Your Dog Have A Feeding Area? :</u>	
<u>How Long Does Your Dog Take To Eat Each Meal ? :</u>			



## YOUR DOG'S DAILY ROUTINE AND EXERCISE

Please describe a typical 24-hour day in your dog's life. Be sure to indicate if your dog is confined including how and where when you are gone.

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Describe Your Dog's Exercise – Include Frequency and Type :	
Where Does Your Dog Typically Sleep ? :	
Is Your Dog Housetrained?	
If Not, Please Describe Issues :	

## YOUR DOG'S PRIOR TRAINING

At Home By Family Members :		
Puppy Class :		Location of Class or Trainer :
Basic Group Class :		Location of Class or Trainer :
Advanced Group Class :		Location of Class or Trainer :
Private Lessons :		Instructor :
Board and Train / Doggy Boot Camp :		Location :
Behaviorist :		Instructor :
Other :		
Who Is Your Dog's Primary Trainer (At Home) ?		

## YOUR DOG'S MANNERS

Does Your Dog Have The Following Behavior(s)		Details (How Often, Circumstances etc.)
Jump on you or others?		
Paw at you or others?		
Lick you or others?		
Mount people?		
Mount other objects or animals?		
Bark at you?		
Bark at other people, animals, or objects?		



## MEDICAL HISTORY

Is your dog on any medication now or in the past, for this or other concerns? Please Include Dates and Medications	
What was the date of your dog's last rabies vaccination?	
One year or three year vaccination?	

## MISCELLANEOUS

Describe Your Level of Concern :	
Is There Anything Else You Would Like to Tell Us About You Or Your Dog to Help Form a Plan For Training?	