



Dog Trainer Client Assessment and Treatment Intake

Instructions

Type your answers in the gray areas. Select boxes by clicking once on the box. When completed, be sure to SAVE the document, and send it as an attachment to your dog trainer.

The Assessment Intake is formatted in six sections. Complete all of the sections that pertain to issues you would like to address. Please give concise, yet complete, behavior information.

1. Background Information
2. Annoyance Issues
3. Aggression and Resource Guarding to People
4. Aggression and Resource Guarding to Dogs
5. Fearfulness and Separation Anxiety
6. Goals

1. Background Information

Name:	Address:
Home Phone:	Cell Phone:
Email Address 1:	Email Address 2:
What is your main reason for contacting a dog psychologist/trainer? Secondary reasons?	
How were you referred to Canine Assist?	

Household Composition - People

Name, Gender, Age:	Name, Gender, Age:
Name, Gender, Age:	Name, Gender, Age:
Name, Gender, Age:	Name, Gender, Age:
Regular visitors that your dog interacts with, such as employees, housekeepers, personal assistants, and landscapers. Also, please describe any specific difficulties:	

Household Dogs

Name 1:	Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed
Name 2:	Breed:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed
How old was each of your dogs when she/he came into your home?			
If you chose from a litter of puppies, why did you choose this puppy? If you chose from a rescue, why did you choose this dog?			

Health

When was the last time your dog (with the primary behavior problem) had a complete wellness veterinary exam? Has your dog had a complete veterinary wellness exam after the onset of the behavior problem, including a thyroid level blood panel?	
Does your dog have medical conditions that may impact the training of your dog, such as: hearing/sight loss, hip dysplasia, arthritis, other?	
Food Allergies?	
May I have your permission to discuss your dog's case and progress with your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterinarian Name:	Address:
Phone:	Email Address:

Training History

<input type="checkbox"/> Classes <input type="checkbox"/> Private <input type="checkbox"/> Boot Camp
How successful was it? What did you like about it? What didn't you like about it?
How would you define "correction"?
In what ways have you "corrected/disciplined" your dog for unwanted behaviors?
What basic obedience skills does your dog already do well with?
What, if any, basic obedience skills would you like your dog to learn?
Has your dog been boarded? Describe any behavioral changes you have noticed upon your dog's return home, if any. How long was your dog boarded? At what facility?

Diet

Brand of food (<i>please have food-packaging labels available for evaluation</i>):
Daily Supplements:
Daily Feeding Schedule: <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three Times
Eating Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Picky <input type="checkbox"/> Gulping

Exercise

How would you describe your dog's energy? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Please choose the leash-walking items you use now: <input type="checkbox"/> Harness <input type="checkbox"/> Flat Collar <input type="checkbox"/> Gentle Leader Head Halter <input type="checkbox"/> Martingale Collar <input type="checkbox"/> Retractable Lead <input type="checkbox"/> Shock Collar <input type="checkbox"/> Prong Collar <input type="checkbox"/> Choke Collar
Describe your dog's typical on-leash walk experience:
What type of regular exercise does your dog get? <input type="checkbox"/> Backyard Fetch <input type="checkbox"/> Playing with other household dogs <input type="checkbox"/> Walks <input type="checkbox"/> Dog Park <input type="checkbox"/> Dog Beach <input type="checkbox"/> Other
How much time does your dog spend outside daily? Supervised <input type="checkbox"/> Alone <input type="checkbox"/>

Socialization Skills

People: On a 1-5 scale, with 1 being the worst and 5 being the best, how would you rate your dog's socialization skills with people?
How does your dog "greet" strangers coming into your home? Is it a problem?
Children: If you have an infant or toddler in the home, please describe: 1. Your dog's relationship to the child: 2. Your child's relationship to the dog: 3. What role you play as supervisor, facilitator, or intervener: 4. Describe what incidents that have occurred that concern you:
Other dogs: 1-5 scale, with 1 being the worst and 5 being the best, rate your dog's socialization with _____ Household Dogs _____ Stranger Dogs
If there have been any changes to the dog's home or surrounding environment recently, such as: construction, move, death, birth, describe your dog's reaction to these changes:

Reinforcement – Your Dog’s Favorite Things

List your dog’s favorite things, such as treats, affection, belly rubs, toys, other:

Your Dog’s Day

Describe a typical weekday:

Describe a typical weekend:

Does your dog have a special place to “get away from it all” and hang out?

What does your dog do there, such as: sleep, guard, watch birds, chew?

2. Annoyance Problems

Such as housetraining, barking, jumping, mounting, marking, or other similar annoyance problems. Please describe each one you would like to address with treatment.

3. Aggression and Resource Guarding With People (Dog/dog Aggression is covered in a separate section (4.))

Complete this section if your dog has aggression problems with: you, other family members, strangers, children, men, guests, other people, or a reaction to moving objects such as: skateboards, bicycles, joggers, trucks cars, etc.

Does your dog have a bite or “nip” history to people? Yes No

How many bites?

How long has your dog been showing aggression? Biting, snapping, growling, posturing, guarding, cowering?

How old was your dog when the first bite to a person occurred?

How does your dog feel about being handled? Does your dog have body areas that are sensitive to your touch, such as paws, ears, mouth, tail, other?

Did your dog have any traumatic puppyhood experiences you know of?
Does the aggressive behavior limit your or your dog's daily activities? How so?
Does your dog bark/lunge on leash? At what?
Does your dog grab onto you or other people with his mouth? Do you feel teeth when hand feeding, feel teeth when playing, etc.?
Do you play chase games with your dog?
Do you play tug with your dog?
Does your dog "guard" from the inside of your home such as sitting at the window to bark at passers-by, or guarding the perimeter of your fenced yard?
Does your dog guard the entryway to your home or fail to calm when guests enter your home?

Please answer the following questions to the best of your knowledge for **bite incidents**. A bite incident is considered any interaction or altercation where your dog uses its mouth to inflict injury.

1. Most Recent Bite to a Person

When was the most recent incident?
Who did your dog bite?
What is the approximate age of that person?
Where did the incident take place (your home, the sidewalk in front of your home, dog park, etc.)?
Did your dog give a warning before biting, such as: prolonged growl, short growl, air snaps, body language, or attempt to escape?
Did your dog make contact with the person's skin or clothing, tear the clothing, or break the skin?
What part of the person's body did your dog bite?
What type of clothing, if any, covered that body part?
What was the proximity of the body part to your dog's mouth? That is, did your dog move or jump up to reach body part, or was the body part directly near the dog's mouth?
Did the person require medical treatment?
If yes, what type of treatment was necessary? <input type="checkbox"/> Emergency Room <input type="checkbox"/> Sutures/Stapling <input type="checkbox"/> Surgery <input type="checkbox"/> Other
Was a hospital stay required?
Would you describe the bite as: <input type="checkbox"/> Air snap <input type="checkbox"/> Bruising, no puncture <input type="checkbox"/> Scratching <input type="checkbox"/> Tearing <input type="checkbox"/> Lacerations <input type="checkbox"/> Puncture and release <input type="checkbox"/> Puncture and hold <input type="checkbox"/> Puncture and thrash <input type="checkbox"/> Multiple punctures

Did the dog shake the victim?
What color was the bruising around the bite? <input type="checkbox"/> Light gray <input type="checkbox"/> Medium gray <input type="checkbox"/> Dark gray <input type="checkbox"/> Deep purple/black
In your estimate, what percentage of the dog's sharp teeth entered the body: <input type="checkbox"/> Less than 15% <input type="checkbox"/> 15-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> More than 50%
What were the circumstances surrounding the bite? What was happening before the bite? After the bite, what did your dog do? What did you do?
Why do you think your dog bit the person?
Does your dog guard resources from people such as: <input type="checkbox"/> Food bowl <input type="checkbox"/> Rawhides <input type="checkbox"/> Toys <input type="checkbox"/> Other people <input type="checkbox"/> Bed <input type="checkbox"/> Other item or locations List the other items that your dog guards from people:
List your previous attempts to address aggression and resource guarding problem(s) and any diagnosis from other animal professionals.

2. Most Severe Bite to a Person

When was the most severe incident?
Who did your dog bite?
What is the approximate age of that person?
Where did the incident take place (your home, the sidewalk in front of your home, dog park, etc.)?
Did your dog give a warning before biting, such as: prolonged growl, short growl, air snaps, body language, or attempt to escape?
Did your dog make contact with the person's skin or clothing, tear the clothing, or break the skin?
What part of the person's body did your dog bite?
What type of clothing, if any, covered that body part?
What was the proximity of the body part to your dog's mouth? That is, did your dog move or jump-up to reach body part, or was the body part directly near the dog's mouth?
Did the person require medical treatment?
If yes, what type of treatment was necessary? <input type="checkbox"/> Emergency Room <input type="checkbox"/> Sutures/Stapling <input type="checkbox"/> Surgery <input type="checkbox"/> Other
Was a hospital stay required?
Would you describe the bite as: <input type="checkbox"/> Air snap <input type="checkbox"/> Bruising, no puncture <input type="checkbox"/> Scratching <input type="checkbox"/> Tearing <input type="checkbox"/> Lacerations <input type="checkbox"/> Puncture and release <input type="checkbox"/> Puncture and hold <input type="checkbox"/> Puncture and thrash <input type="checkbox"/> Multiple punctures

Did the dog shake the victim?
What color was the bruising around the bite? <input type="checkbox"/> Light gray <input type="checkbox"/> Medium gray <input type="checkbox"/> Dark gray <input type="checkbox"/> Deep purple/black
In your estimate, what percentage of the dog's sharp teeth entered the body: <input type="checkbox"/> Less than 15% <input type="checkbox"/> 15-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> More than 50%
What were the circumstances surrounding the bite? What was happening before the bite? After the bite, what did your dog do? What did you do?
Why do you think your dog bit?
3. Describe the Chronic Nature of the Biting Aggression.

4. Aggression and Resource Guarding with Other Dogs – Dog/Dog Aggression

Please answer the following questions to the best of your knowledge for *bite incidents*. A bite incident is considered any interaction or altercation where your dog uses its mouth to inflict injury:

Please provide one bite incident report for:

- 1. The most recent incident**
- 2. The most serious incident**
- 3. Describe the chronic nature of the aggression**

1. Most Recent Bite to Another Dog

When was the most recent incident?
Which body parts were bitten?
Did your dog give a warning before biting, such as: prolonged growl, short growl, air snaps, body language, attempt to escape?
How many times has your dog been involved in dog fights?
How many of these fights resulted in a veterinary visit due to injuries?
How severe were the injuries to each animal?
Is there "sibling rivalry" in your home between pets? <input type="checkbox"/>
Why do you think your dog bit?
Does your dog guard resources from other dogs, such as: <input type="checkbox"/> Food Bowl <input type="checkbox"/> Rawhides <input type="checkbox"/> Toys <input type="checkbox"/> People <input type="checkbox"/> Bed <input type="checkbox"/> Other item or locations
List the items that your dog guards from in-house dogs or other/stranger dogs:
Please describe specifically what happens if you try to take a high-value item from your dog? <input type="checkbox"/> Nothing <input type="checkbox"/> Snarl <input type="checkbox"/> Growl <input type="checkbox"/> Air snap <input type="checkbox"/> Bite

Your previous attempts to address the problem(s) and any diagnosis from other animal professionals.

2. Most Severe Bite to Another Dog

When was the most severe incident?
Which body parts were bitten?
Did your dog give a warning before biting, such as: prolonged growl, short growl, air snaps, body language, attempt to escape?
Did this fight result in a veterinary visit due to injuries?
How severe were the injuries to each animal?
Why do you think your dog bit?

3. Describe the Chronic Nature of the Dog/Dog Aggression below.

5. Fearfulness and Separation Anxiety

Please describe any fearful behaviors, body language or vocalizations your dog may demonstrate that appear to be a problem such as: Attempts to run away Hide
 Displays of appeasement such as: Tail between the legs Excessive licking
 Crouching Crawling Rolling over to expose the tummy area in fearful situations (AKA tap-out)

Separation Anxiety

Please describe symptoms and what happens as you:

1. Prepare to leave the house:

2. After you leave:

3. Upon your return:

Which of the following apply to your dog when you are gone:

- Self-inflicted injuries/mutilation such as biting paws Houstraining regression
 Destructive behavior

What are the limitations, if any, that separation anxiety causes to you or other family members:
Please describe how "close" you are with your dog, and how many hours per day, on average, that you spend together.
Does your dog sleep in bed with you?
Please describe your "Greeting Behavior" with your dog when: 1. You leave the house: 2. When you arrive home:
List your previous attempts to address the problem and any diagnosis from other animal professionals:

6. Training Goals

Describe your family's goals and expectations:
Describe your willingness to keep your pet:
Describe your and other family members' willingness to participate in training:
Are there social dynamics within the family that may impact consistency in training?

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

The undersigned on behalf of any and all participants authorized or permitted to attend any lessons, agrees to defend, indemnify and hold harmless your dog trainer **Jon Davison** (RELEASED PARTIES/TRAINER) and agents from all liability and damages for any claim, loss, or injury which may occur or may be alleged to have occurred to any person, animals, or property arising from or related to the training, consultations or lessons. The trainer reserves the right to refuse training any dog that is obviously sick, abused, neglected, or overtly aggressive. Furthermore, the dog owners agree that non-compliance with the recommendations of TRAINER constitutes non-liability to the trainer.

Trainer cannot guarantee any individual dog's ability to learn and/or understand training cues or signals or to desensitize to fear or aggression triggers.

The Client agrees that TRAINER, its owners, officers, employees and agents, hereafter referred to as the "RELEASED PARTIES", will not be liable for any injury, death or property damage resulting from the training, counseling, or advice supplied to Client.

Acknowledgement of Risk: Client is aware of the present and continuing inherent risks of injury, death, and property damage to Client, Dog, and persons and dogs of some third party that are involved, and those not involved, in the activity of training, including without limitation risks due to dog bite or infectious disease. Client acknowledges that the Dog's behavior now and in the future is solely Client's responsibility. Client is voluntarily engaged in training as an activity with knowledge of the known risks and other risks that may result from Dog's participation in training, including but not limited to injury, death, or property damage from disease, stray dogs, running away, other dogs in training, other animals, or injury, death, or property damage caused by Dog to other dogs, animals or persons.

Assumption of Risk: If Dog causes property damage, or bites or injures any dog, animal or person, including but not limited to the RELEASED PARTIES, during or after the term of this Agreement, Client agrees to assume full responsibility and liability for any injury, death or property damage, and Client agrees to pay all resulting losses and damages suffered or incurred, and to defend, indemnify, and hold harmless the RELEASED PARTIES from any and all resulting claims, demands, lawsuits, losses, costs of expenses, including attorney's fees.

Release of Liability: Client releases RELEASED PARTIES from all liability to the Client, and Client's representatives, guardians, successors, assignees, heirs, children, and next of kin for all liability, claims, damage, or demands for personal injury, death, or property damage, to the Client or to the Client's dog or dogs, arising from or related to this Agreement or to participation in training, whether the injury, death, or property damage occurs on or off the training site.

Knowing and Voluntary Execution: Client acknowledges that he or she has carefully read this Agreement, understands its contents, and understands that this Agreement includes an assumption of the risk of Client's Dog, and a release of the RELEASED PARTIES liability. The undersigned acknowledges that the RELEASED PARTIES are materially relying on this Agreement in allowing the Client to participate in the activity of training.

Client acknowledges that Trainer has not represented, promised, guaranteed or warranted that Dog will never bite, that Dog will not be dangerous or vicious in the future, that Dog will not exhibit other behavioral problems, or that the results of the training will last for any particular amount of time. This Agreement may be amended only by a written instrument signed by both Client and Trainer.

I authorize RELEASED PARTIES to use: Film photographs, Digital photographs, Video footage, Audio recordings, Testimonials procured in the course of training.

Cancellations with less than 72 hour notice will incur a Cancellation Fee of 25% for that visit. Payable immediately, less than 24 hours notice will incur a Cancellation Fee of 50% for that visit. Payable Immediately.

I acknowledge that I fully understand the terms and provisions of this Waiver, Assumption of Risk and Agreement to Hold Harmless and that I am setting my hand hereto delivering the same freely and voluntarily and unconditionally. The statements contained in the Assessment Form are true to the best of my knowledge.

Client's Dog (s) Name _____ M or F Breed(s) _____
 Age _____ Color _____
 Names of Owners (Please Print) _____

Signatures of Owners _____ Date _____
 Your electronic signature and return of this assessment constitutes your agreement to the above clause of non-liability.