

CLIENT PROFILE

Date: _____

Personal/ Household Information

Pet Parent(s): _____

Phone: (day) _____ (eve) _____

Email: _____

Address (physical): _____

City: _____ State: _____ Zip: _____

Directions (from Fayetteville): _____

Mileage: _____

Mailing address if different from above:

City: _____ State: _____ Zip: _____

Number of people in household: _____ Children/ ages: _____

Is your home: quiet and calm active frenzied

Do you or any member of your household have any special needs (illness, medication, physical limitations, etc.)?

Pet Information

Pet's Name: _____ **Breed:** _____

Age: _____ **DOB:** _____ **Sex:** M MN F FS

How did you acquire your pet? _____

How would you describe your pet? Please use the sliding scale to indicate his/her temperament tendencies.

Calm and relaxed	1	2	3	4	5	Constant energy
Attentive to you	1	2	3	4	5	Highly Distracted
Friendly with other pets	1	2	3	4	5	Lunges/ aggressive
Friendly with strangers	1	2	3	4	5	Lunges/aggressive
Outgoing and confident	1	2	3	4	5	Fearful and cautious

Pet's Name: _____ **Breed:** _____

Age: _____ **DOB:** _____ **Sex:** M MN F FS

How did you acquire your pet? _____

How would you describe your pet? Please use the sliding scale to indicate his/her temperament tendencies.

Calm and relaxed	1	2	3	4	5	Constant energy
Attentive to you	1	2	3	4	5	Distracted/ aloof
Friendly with other pets	1	2	3	4	5	Lunges/ aggressive
Friendly with strangers	1	2	3	4	5	Lunges/aggressive
Outgoing and Confident	1	2	3	4	5	Fearful and cautious

Pet's Name: _____ **Breed:** _____

Age: _____ **DOB:** _____ **Sex:** M MN F FS

How did you acquire your pet? _____

Calm and relaxed	1	2	3	4	5	Constant energy
Attentive to you	1	2	3	4	5	Distracted
Friendly with other pets	1	2	3	4	5	Lunges/ aggressive
Friendly with strangers	1	2	3	4	5	Lunges/aggressive
Outgoing and confident	1	2	3	4	5	Fearful and cautious

Other pets in household/ yard (please list):

Veterinarian: _____

Phone: _____ May I contact your vet? Y N

Specific behaviors/ problems you would like to address:

Have you previously sought help with these behaviors? (Please list classes or private training, and dates):

Additional comments: _____

Referred by: _____

TERMS OF SERVICE

Please review the Terms of Service and initial each line to indicate your understanding of and agreement with the terms.

- _____ Payment for training and/or consultation is due at the time of service. Rates are applied as follows: \$50.00/1 hour, \$125.00/3 hours, \$200.00/ 5 hours. Discounts may only be applied at the time of purchase.

- _____ Mileage will be billed at a rate of \$0.445/mile. The client is responsible for mileage to and from their home or other location (park, pet store, etc).

- _____ Mileage will be billed on the first of each month and due in full at that time. In order to prevent suspension of service, expense accounts must be kept current.

- _____ Due to the number of elements pertaining to behavior that are beyond the control of Ain't Misbehavin' (health, genetics, past history, present influences, owner commitment, etc) guarantees of a specific outcome or result can not be offered. Ultimate responsibility for the health, well-being and behavior of an animal lies with the owner. Refunds on training/consulting services are not available.

Printed Name: _____

Signature: _____ Date: _____