

**CLIENT PROFILE**

Date: \_\_\_\_\_

**Personal/ Household Information**

Pet Parent(s): \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email: \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Directions (if not available via GPS): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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. For example: 1 is 'Calm and relaxed' and 5 is 'Constant Energy.'

Calm and relaxed	1	2	3	4	5	Constant energy
Attentive to you	1	2	3	4	5	Highly 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? \_\_\_\_\_

How would you describe your pet? Please use the sliding scale to indicate his/her temperament tendencies. For example: 1 is 'Calm and relaxed' and 5 is 'Constant Energy.'

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

**If we will be working with more than the above two pets, please copy this page and provide the above information for each pet for whom you seek training.**

**Other pets in household/ yard (please list):**

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**Veterinarian:** \_\_\_\_\_

Phone: \_\_\_\_\_ May I contact your vet?    Y            N

Specific behaviors/ problems you would like to address:

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

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Additional comments: \_\_\_\_\_

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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**. Discounts and/or packages may only be applied at the time of purchase and *time must be used within 6 months of the purchase date*.
  
- \_\_\_\_\_ Mileage will be billed according to national mileage rates published annually at [www.irs.gov](http://www.irs.gov). The client is responsible for mileage to and from their home or other location (park, pet store, etc).
  
- \_\_\_\_\_ Cancellations must be made with **at least 24 hours notice**. Cancellations made after that are subject to a 30-minute time charge.
  
- \_\_\_\_\_ Due to the number of elements pertaining to behavior (health, genetics, past history, present influences, owner commitment, etc) that are beyond the control of Love. Trust. Teach., CollieDog Productions, Inc., and its agents, 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: \_\_\_\_\_

Parent or guardian if above is a minor: \_\_\_\_\_