thebalanceddogpdx.com

The Balanced Dog



971.258.1144

Behavioral Training Intake



Download & save this form to your desktop before completing. Data will not save if you complete it without downloading.

If you are requesting training for multiple dogs, please complete a new Behavioral Training Intake form for each dog.

Please keep in mind while filling this out that we are here to support you and not judge! The honesty of your answers allows us to understand how your dog's behavior has evolved. There are no wrong answers!

Owner Information Name(s):					
Address:					
City:		State:		Zip:	
Preferred Email:		Phone:			
Dog Information					
Name:		Date of Birth/Age:			
Breed:			Sex:	Male	Female
Color:	Weight:	Spayed/N	Neutered	: Yes	No
Emergency Contact Informati	on				
Name:		Relation	nship:		
Address:					
City:		State:		Zip:	
Email:		Phone:			
Veterinarian Clinic Informatio	_ · _ · _ · _ · _ · _ ·				
Clinic Name:					
Vet Name (if known):					
Address:					
City:		State:		Zip:	
Phone:					
Preferred Emergency Vetering	ary Clinic:				
Clinic Name:					
Clinic Address:					

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Medical History

Vaccination Status:

Please include a copy of your dog's most recent vaccination records when submitting these forms. If it is more convenient, you may ask your vet to email the records to info@thebalanceddogpdx.com.

If we will be training a puppy, we require that the second round of vaccinations have been received at least seven (7) days prior to the Initial Assessment.

Major Illness/Surgeries:

List major illnesses/surgeries and the approx. age of dog (this is important because critical developmental and socialization experience could have been missed):

Description	Approximate Age
Medications & Supplements:	
List ALL medications, treatments, and supplements your dog is currently receiving prescribed by your veterinarian.	g, including those not
Allergies:	

List any allergies you are aware of, including food allergies:

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	Inform	

How many members in your household?

List the members of your household, including yourself, relationship, age, and indicate wheth	•	•			
List the members of your household, including yourself, relationship, age, and indicate wheth					
	List the members	of your household.	includina vourself.	relationship, age.	and indicate whether

they will be part of the Training Team.

Name: Relationship: Age: Include on Training Team:

Training Team members are committed to implementing the training reviewed in weekly sessions at home. This takes intentional planning and coordination from each member of the team as well as reliable daily commitments Training Team members should be able and willing to support your dog and the rest of your family on this training journey.

Please have each Training Team Member complete a separate Dog Handler Questionnaire.

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Other Pets Do you have other	er pets? Yes	No			
If "Yes", please li Type of Pet (Cat, Dog, etc.)	st: Pet Name	Age:	How long have you had them?	Male	Female

........

Please describe your home environment:

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Dog Background Information:
Acquisition Information:
How old was your dog when acquired?
How did you acquire your dog?
Describe previous homes (if any), if known:
Please describe any major changes that have taken place in the last two years (or since you've had your dog, if less than two years). Major changes may include but are not limited to: moving, marriage/divorce, new baby or child, family member loss, job situation change (e.g. working away from home vs. working at home), etc. Please note: we do not work with dogs who are in a shared custody situation. We have found that in these situations, training on top of shared custody adds undue stress on the dog and does not set them up for success.
Doily Activities and Boutine
Daily Activities and Routine Please describe your dog's daily routine (including eating, sleeping, and exercise):
ricade december your degree daily routine (moldaning dating, sleeping, and exclude).

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Training Information

Please list any training your dog has had, including trainer, facility and training duration Types of training may include, but are not limited to: Puppy Classes, Group Classes, Private Lessons, Board & Train, Self-Trained.

Type of Training	Facility	Trainer Name	Dates or Duration
What training types or tool	s have you used (check all t	hat apply):	
Food Reward	Prong Collar	Muzzle	
Verbal Praise	Remote Collar	Other, describe:	
Play/Toys	Bark Collar		
What walking gear do you	use regularly?		
Additional Training Details	, if any:		

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Behavior

Does your dog engage in the following behaviors (check all that apply)?

Yes	Behavior	Notes, if desired
	House soiling	
	Excessive barking or whining	
	Destructive chewing	
	Self-licking or chewing	
	Pacing/Repetitive behavior	
	Consuming non-food items	
	Circling/Chasing tail/Freezing	
	Guards people	
	Guards objects	
	Guards food	
	Reactivity (lunging, pulling, barking) towards humans or animals	
	Biting humans	
	Biting animals	
	Other, please describe	

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Primary Behavior to Address

Is the frequency: Increasing

What is the primary behavior problem you wish to address	s?
Try to remember the earliest occurrence of this behavior, Include where the incident occurred, who else (human an before the incident, and how you reacted. Approximate days	d animal) was present, what happened just
Date of Event:	Dog's Age:
Event Details:	
Most Recent Incident:	
Describe the most recent incident providing the same de okay):	tails as above (approximate date/age are
Date of Event:	Dog's Age:
Event Details:	
Describe how you've tried to correct the problem and wha	t vour dog's response has been:
Describe now you've thed to correct the problem and wha	t your dog's response has been.

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Decreasing

Unchanged

Additional Information
List other problem behaviors:
What are very training useds because and decours?
What are your training goals, hopes, and dreams?
Thank you! We look forward to helping you achieve your balanced dog goals!

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Terms & Conditions

Assessment

In order to meet your dog's needs a trainer from The Balanced Dog will conduct an initial assessment. During this time we will be able to determine your dog's strengths to place them on the best path for growth.

Keys

For Structured Walk and Playgroup clients, we require two keys to keep on file and/or a code to a lockbox or door. All keys will be returned upon completion of services.

Cancellations

Cancellations must be made 24 hours ahead of your appointment time or you will be charged for the reserved slot. Email your cancellation requests to info@thebalanceddogpdx.com. Please note: our office hours are Tuesday through Friday 8am to 5pm, and Saturday 9am to 5pm, emails sent outside of these hours may not be received until the next business day. We will make every effort to accommodate emergency cancellations, but we cannot guarantee a make-up session will be available.

For those with training sessions, keep in mind that missing a week of training can be detrimental to the process. We schedule weekly for optimal progress and development. If you will be unavailable for multiple weeks during your scheduled session, it is best to find a different time. If too many schedule changes or cancellations are made during a training packge, we reserve the right to cancel the package and request that you reschedule for a time when your availability accommodates the training days/times you've committed to.

Payments

Services are invoiced through Quickbooks. Major debit cards and credit cards are accepted. If you prefer to pay by cash or check at the time of your appointment, please let us know in advance and we can set that up.

Non-Sufficient Funds and Bounced Checks

Payments returned for Non-Sufficient Funds and bounced checks will carry a \$35.00 charge plus the original invoice amount. We will no longer be able to accept checks after the first occurrence.

Veterinary Care

By signing this agreement you acknowledge that if The Balanced Dog believes veterinary care is necessary, we have the right to seek medical attention for your dog. If such an event were to occur every effort will be made to contact you. The Balanced Dog may utilize the closest veterinary emergency clinic, where any and all medical treatment will be determined by that medical professional.

The Balanced Dog will cover costs up to \$250 for initial care. Before proceeding further we will require authorization from you in order to continue with medical treatment as well as a plan for payment. Trips to the vet will be charged at \$30 per visit. All costs covered by The Balanced Dog must be reimbursed in full within 5 days of the dog's visit to the vet. By signing this Agreement, you release The Balanced Dog from all liability arising from treatment given and agree to pay all veterinary expenses incurred.

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Vaccines

Proof of the following vaccines are required:

Rabies, Bordatella, and D'HLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenze, and Parovirus). If you choose not to vaccinate, proof of vaccine titers are required.

Puppy Vaccinations

To begin training, we require that puppies be at least 7-days out from their second round of vaccinations.

Flea and Tick Preventative

We recommend your dog(s) be on a flea and tick preventive if they are participating in any activity including hikes, walks, or exercise. It is likely your dog will come into contact with fleas and ticks outdoors.

Pickup and Drop-off

Available in select locations. We have a 2 hour window for walk and playgroup pickup and drop-offs. We strive to be as timely as possible, but due to commuting and depending on where you live we may arrive one hour before to one hour after your scheduled start and end time.

Liability

The Balanced Dog agrees to provide the services agreed upon in a reliable, caring and trustworthy manner. I hereby waive and release The Balanced Dog, it's employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while participating in agreed upon services. The client expressly waives and relinquishes any and all claims against said dog handler or company, except those arising from negligence or willful misconduct on the part of the handler/company.

The Balanced Dog is not responsible for any damage or injury caused to client's dog while The Balanced Dog transports client's dog(s) in the motor vehicle unless due to negligence by the handler/driver.

The Balanced Dog is not responsible for damage or loss to client's home or possessions caused by client's dog(s) while The Balanced Dog is providing service under this agreement unless due to negligence by the handler.

If either party has to engage the services of an attorney to obtain enforcement or collect funds, the prevailing party is responsible to pay the associated legal fees incurred.

By typing my name below, I acknowledge that I have read and agree to the above Term & Conditions.

Agreed to by:

Please return completed forms to info@thebalanceddogpdx.com as soon as possible upon scheduling an assessment. All forms must be received a minimum of five (5) days prior to your scheduled assessment or the assessment may be rescheduled.

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