Reset Form

Bonding in Confidence Consulting LLC

PROPER PAWS CLIENT PACKET

Connection-Based Training • Structure • Real-World Results

Please complete all applicable sections before your first training session and email the completed forms to properpaws2023@gmail.com

SECTION 1: CLIENT INFORMATION

Owner Name	
Address	
City/State/Zip	
Phone	
Email	
Preferred Contact Method	☐ Call ☐ Text ☐ Email
Emergency Contact Name	
Emergency Contact Phone	

SECTION 2: DOG INFORMATION

Dog Name	
Breed	
Age/DOB *(if known)*	
Sex	Male Female
Spayed/Neutered	Yes No
Weight	lbs
Microchipped	Yes No
Microchip Number (*Day Train only)*	
Where did you obtain your dog?	Breeder Rescue/Shelter Rehomed Other
How long have you owned your dog?	
Dog primarily lives	Indoors Outdoors Both
Other people in the home	
Other pets in the home	

SECTION 3: PROGRAM ENROLLMENT

Program Enrolling In		
Puppy Foundations	Basic Obedience	Advanced Obedience / CGC Prep
Group Lessons	Private Lessons	Drop off Day Train Program
Service Dog Training	Socialization Training	Mental Stimulation Training
Program Start Date		

SECTION 4: HEALTH INFORMATION

Veterinarian Clinic	
Veterinarian Address	
Veterinarian Phone	
Last Veterinary Exam Date	
Vaccination Dates *Email proof of vaccinations or bring them on the first day of training.*	Rabies:
	DHPP/DAPP: 0
	Bordetella:
	Leptospirosis (Lepto)
	Other:
Current Health Conditions	
Current Medications	
Known Allergies	None Unsure Yes

SECTION 5: DAILY LIFE & MANAGEMENT

Current food and feeding schedule	
Who feeds the dog?	
Does your dog receive people food?	Yes No Sometimes
Unlimited access to water?	Yes No Sometimes
Favorite Toys	
Where does your dog sleep?	
Allowed on furniture?	Yes No Sometimes
Crate Trained?	Yes No
Housebroken?	Yes No
Where is your dog kept when home alone?	
How long is your dog typically left alone?	
Signs of separation anxiety?	Yes No Unsure

If your dog shows signs of separation anxiety, what behaviors do you notice?	

Describe your dog's daily routine *(physical and mental stimulation activities)*:

SECTION 6: TRAINING HISTORY & BEHAVIOR

Previous training?	Yes No
If yes, type of training	Group Private Board & Train Online Other
Trainer/Facility	
Do you currently participate in any dog sports or activities?	Yes No
If yes, which sport(s) or activities?	
Current cues known	Sit Down Stay Leave It Drop It Place Recall Loose Leash Walking Other
How do you typically respond when your dog displays unwanted behavior?	
How do you reward your dog for good behavior?	Treats Praise Toys Play Petting/Affection Other:
Has your dog ever:	Bitten Snapped Food/Toy Guarding Displayed aggression Reacted negatively to being touched or handled None
Who was the behavior directed toward?	Person Another Dog Both Other Animal
Please describe what happened, including the situation and any injuries:	

SECTION 7: TRAINING GOALS

Top 3 goals:

1.	
2.	
3.	

Behaviors to improve:

Leash Manners	Obedience	Recall
Off-Leash Reliability	Reactivity	Aggression
Anxiety	Jumping	Puppy Basics
Socialization	Service Dog Tasks	Other

What does success look like after training?

SECTION 8: DAY TRAIN AUTHORIZATION

Complete this section only if enrolling in the Day Train Program.

Preferred Emergency Veterinarian	
Preferred Emergency Veterinarian Address	
Preferred Emergency Veterinarian Phone	
If we are unable to reach you, should we contact your emergency contact?	Yes No Other
I authorize Proper Paws to seek emergency veterinary treatment for my dog if I cannot be reached.	
Clients Initials	

SECTION 9: CLIENT ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge. I understand successful training requires consistent practice and follow-through outside of training sessions.

Client Signature		**Date**	

Bonding in Confidence Consulting LLC

PROPER PAWS CLIENT & DOG SUMMARY

This page is automatically populated from the client intake packet for trainer reference.

DOG AT A GLANCE	
Dog:	**Breed:**
Age:	**Sex:**
Spayed/Neutered:	**Weight:** lbs
Owner:	**Primary Phone:**
Preferred Contact:	
PROGRAM	
Enrolled Program(s):	**Start Date:**
TRAINING GOALS	
Goal 1: **Goal 2:** **Goal 3:** **Desired Outcome:** **Training Priorities:**	

CURRENT SKILLS

Known Cues:

Preferred Rewards:

Favorite Toys or Activities:

SAFETY AND BEHAVIOR ALERTS

No behavioral safety concerns reported.

HEALTH ALERTS

Health Conditions:

Medications:

Allergies:

Vaccinations:
Rabies:
DHPP/DAPP:
Bordetella:
Leptospirosis:
Other:

DAILY MANAGEMENT

Crate Trained:

Housebroken:

Separation Concerns:

Observed Behaviors:

HOUSEHOLD INFORMATION
People in Home: **Other Pets:**
DAY TRAIN AND EMERGENCY INFORMATION
TRAINER NOTES
Handling or Management Plan: