



Master Trainer
Canine Behavior Specialist
Certified Professional Dog Trainer
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In-My-Home Boarding, Training,
Day Care & VDS Programs
Private Lessons & Behavior Consultation
Clicker Training / Workshops & Seminars
Talent Scout & Wrangler
Hollywood Dog™, Reactive Dog™, and
Group Classes / Dog Sports
<http://tinyurl.com/tracimurdock>
<http://twitter.com/TAMlam1>
www.flickr.com/photos/picturespot
www.flyball.com/4DogFlight

CLIENT BIO SHEET

Ref method: _____ Ref by: _____
Date: _____ Owner: _____
Address: _____ Ph: _____
City, Zip _____ Email: _____
O House O Apartment O Townhome / Condo O Fence Type: _____

Dog's Name: _____ Breed: _____

Age: _____ M F S N How long in home? _____

Purchased? Where? _____ Rescued? Where? _____

Other Pets? _____ Other Dogs? _____

Other Dog's Age (s): _____ M F S N Breed(s) / Name (s): _____

Boarded Before? Y N Where? _____

Veterinarian's name _____ City: _____

Month/Year of last visit: _____ Reason: _____

Date last vaccinated: _____ Vaccine(s) given: _____

Current / Past health problems and treatments / medications: _____

Does your dog have any allergies, including food allergies? _____

Is your dog easily handled by the vet staff? Y N Has he ever had to be muzzled? Y N

On heartworm preventative? Y N Brand: _____ On flea and/or tick preventative? Y N Brand: _____

May we contact and discuss health and behavioral issues with your vet? Y N If yes, please initial here: _____

Training:

O No training yet O Trained ourselves O Puppy group O Basic group O Intermediate group
O Advanced O Private lessons O Sent to trainer If group class, did you complete the course? Y N

Organization name and/or trainer's name: _____

Methods used:
O Food treats O Praise O Verbal corrections O Physical corrections O _____

List any procedures/training equipment used to try and correct behavior issues? _____

Please list the commands your dog understands / performs: _____

What would you like help with, in order of importance? _____

My dog was trained using the following tool:

☐ Choke Chain / Collar ☐ Prong / Pinch Collar ☐ Treats
☐ Head Collar ☐ Clicker ☐ Toy (Ball, Tug or Frisbee)
Housebroken: Y N Rides Well in Car: Y N Crate / Kennel Trained: Y N Confined in a Room: Y N

Training / Behavior Background (please mark all that apply, even if the behavior is mild or occasional) Check box and circle the specific behavior:

<input type="checkbox"/> Destructive behavior when bored / alone	<input type="checkbox"/> <u>Bolting</u> – out door / when try to catch / out of car / out of yard
<input type="checkbox"/> Anxiety – general / alone / objects / people / animals	<input type="checkbox"/> <u>Digging</u> – in shade / all over yard / up items / to get out
<input type="checkbox"/> Excessive vocalization when alone / when we're home	<input type="checkbox"/> Jumping on people / furniture
<input type="checkbox"/> Excessive attention-getting behavior	<input type="checkbox"/> Climbing / Jumping / Escaping
<input type="checkbox"/> Barking / Howling	<input type="checkbox"/> Chasing / Herding
<input type="checkbox"/> Fearful – biting / noises / movement / storms / men / children / crowds / new places / new things	
<input type="checkbox"/> Housebreaking – when excited / at door / in another room / not asking / while watching / when not watching / stool consumption / marking / bed or crate	
<input type="checkbox"/> Biting (under 1 yr) – while playing / hands or feet / clothing / and growling	
<input type="checkbox"/> Biting (over 1 yr) – while playing / and growling / punctures / stitches / and shaking / people / children / animals	
<input type="checkbox"/> Chewing – carpet / furniture / clothing / objects in yard	
<input type="checkbox"/> Threatening / Biting - family members / strangers	<u>Commands</u>
<input type="checkbox"/> Threatening / Growling / Biting - familiar dogs / strange dogs	<input type="checkbox"/> Sit / Down / Stand
<input type="checkbox"/> Guards food / toys / chews from people / dogs	<input type="checkbox"/> Wait / Stay / Release word: _____
<input type="checkbox"/> Stealing toys / food / trash	<input type="checkbox"/> Come / Heel / Loose Lead Walking
<input type="checkbox"/> Dislikes Crates	<input type="checkbox"/> Drop it / Leave it / Take it / Hold it
<input type="checkbox"/> Biting / Mouthing / Nipping while playing	<input type="checkbox"/> Off / Jump
<input type="checkbox"/> Pulls On / Dislikes the Leash	<input type="checkbox"/> Watch / Look at me
<input type="checkbox"/> Dislikes Being Picked Up	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dislikes Tail / Feet / Ears Being Touched	<input type="checkbox"/> Tricks: _____
<input type="checkbox"/> Other Training / Behavior Issues (please explain) _____	

Aggression / Reactive / Fearful Dog Issues (check all that apply)

<input type="checkbox"/> Aggression toward unfamiliar dogs	<input type="checkbox"/> Reactive to dogs / people while on lead
<input type="checkbox"/> Aggression toward family member(s)	<input type="checkbox"/> Reactive to dogs off lead
<input type="checkbox"/> Aggression toward unfamiliar people in public	<input type="checkbox"/> Reactive to moving dogs / people / cars / skateboards / objects
<input type="checkbox"/> Aggression when handled / picked up	
<input type="checkbox"/> Aggression toward another dog or pet in home	<input type="checkbox"/> Fearful of noises / movement / storms / new places / new things
<input type="checkbox"/> Aggression toward visitors	<input type="checkbox"/> Fearful of men / children / crowds
<input type="checkbox"/> Aggression toward vet / groomer / pet sitter	<input type="checkbox"/> Fear biting
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Intact warning signals – stare / head down, sub vocal, growl, snarl, air snap, bite	
Severity of bite: _____	

Has your dog ever bitten a Person / Animal? Y N Describe incident: _____

Has medical attention been necessary? Y N Describe incident: _____

Did any of the following coincide with the change in your dog's behavior?

<input type="checkbox"/> Moved to a new location / Persons moving out of home	<input type="checkbox"/> Pet in home dying / lost / rehomed / New pet in home
<input type="checkbox"/> New person / baby in home	<input type="checkbox"/> Change in owner's work hours
<input type="checkbox"/> Change in amount of exercise	<input type="checkbox"/> Change in diet / new treats / new medication / recent vaccination
<input type="checkbox"/> Medical treatment / surgery	<input type="checkbox"/> Environmental change
<input type="checkbox"/> Less time to spend with dog	<input type="checkbox"/> Use of physical corrections
<input type="checkbox"/> Sent dog away for training	<input type="checkbox"/> Other: _____

What type of food do you feed (e.g., raw, kibble, canned & brand name)? _____

How often? _____ How much? _____ At approximately what times? _____

Does your dog finish all food at meals? Y N If not, how long is the food left down? _____

Does your dog receive other treats/chewies? Y N Frequency / type: _____

Please list 3 of your dog's favorite foods/ treats: _____

Has your dog ever become possessive of his food or a treat? Y N Please describe in detail: _____

Is your dog reliably housetrained? Yes Mostly (infrequent accidents) No

Is your dog crate trained? Y N Paper / Pad trained? Y N Litter box trained? Y N

Do you have a dog door? Y N If not, how many times daily do you let your dog out or take him on walks to eliminate? _____

How many times a day does your dog urinate? _____ Defecate? _____

What type of exercise does your dog get? If none, please note reason. _____

How long does the exercise last and how often is it provided? _____

Who is normally responsible for exercising your dog? _____

If walked, what type of collar and leash is being used? _____

Does your dog become reactive toward other dogs or people on walks? Y N Please describe: _____

Please sign below to indicate your understanding of the training that your dogs have received and that all training must be followed up and reinforced at home by my family and myself in order for the training program to be successful. Dogs that exhibit aggressive behavior should never be around other dogs or people without supervision and even after years of good behavior could revert back to their previous aggressive nature. Due to the nature of animal training, this service cannot be "guaranteed". Traci Murdock, CPDT-KA, does offer help and continuing education to owners in the areas specified above and requires owner cooperation to ensure training success. I understand that deviations from the training methods or specific programs may cause the dog's behavior to regress and revert to the behavior patterns exhibited prior to entry into the training program. I understand that Traci Murdock, CPDT-KA, is not liable for any aggressive behavior exhibited by the dog, including growling, lunging, biting, or fighting, or any damages caused by such behavior.

I hereby agree to personally assume all responsibility and liability for any and all actions of my pet while attending class or private training sessions with Traci Murdock, CDPT-KA, at any facility or training location where the session takes place. I will abide by any and all rules of the facility and agree to hold harmless and indemnify the facility, it's owners, directors, trainers/contractors, agents, and/or employees, and any and all persons connected with or associated with the facility, in whatever capacity, (including the owner or owners of any property on which the training may take place) from claim for loss or injury of any kind. This includes any injury, sickness, death, or damage I or my pet may suffer, before, during, or after training, and also includes any damage my pet may cause to family members, handlers, other class members, or any other third parties, or property.

I understand that my pet may be dismissed from any class or training program at the discretion of Traci Murdock, CPDT-KA, for any reason she deems reasonable.

Signature _____ Date _____

Please initial each area below. If you have a choice, please indicate your preference by placing your initials in the box before your choice:

Weight Gain/Loss

- ☐ I understand that the trainer will make every effort to keep my dog on his/her regular schedule. It is possible, however, that my dog may lose or gain a few pounds depending on the length of stay, his/her eating habits and training requirements.

Treats/Chews

- ☐ My dog is only allowed treats/chews that I bring.
- ☐ Please use any treats/chews the trainer feels necessary for the training and well-being of my dog.

Bath

- ☐ Please bathe my dog before he returns home. [Please note that baths occurring closer than two weeks may cause dry skin and irritation.] This service is \$30 per dog.
- ☐ Please do not bathe my dog,
- ☐ My dog has sensitive skin/allergies – please bathe my dog with the shampoo I provide. This service is \$30 per dog.

Behavior

- ☐ Some dogs enjoy endless play with other dogs and people. As a result of this extensive amount of play, it is likely that my dog will return home very tired. I understand that this may continue for a day or more until he/she adjusts to being home.
- ☐ I understand that, due to the fact my dog will not be in his/her own environment, my dog may experience some stress. Stress symptoms that may occur over the next 24 to 48 hours include: loose stools, slight urination, vomiting, drooling or nervous behavior upon drop off or pick up. Avoiding food or water is not a stress symptom.

Vacation Doggie School

- ☐ I understand that if I choose Vacation Doggie School Boarding (day rates) that the trainer is not obligated to train my dog to perform any behavior he/she does not already know. For training new behaviors or work on behavior problems, I should choose a Board and Train Program for best results while boarding.
- ☐ I understand that if I choose Vacation Doggie School Boarding (day rates) that the trainer is not obligated to teach me any behavior that my dog has performed or the trainer has reinforced. For my training, I should schedule a private training session with the trainer (at least 1 hour) when I pick up my dog.