

# Yes.Place Virtual Dog Training Intake Form

## Owner Information

Your Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Preferred Contact Method:  Email  Phone  Text

## Dog Information

Dog's Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male  Female  Spayed/Neutered

How long have you had your dog? \_\_\_\_\_

Where did you get your dog?  Breeder  Rescue  Shelter  Other: \_\_\_\_\_

## Health & Behavior

Any medical issues we should know about?

\_\_\_\_\_

Is your dog on any medication?  Yes  No

If yes, which ones? \_\_\_\_\_

Has your dog ever bitten a person or another dog?  Yes  No

If yes, please describe:

\_\_\_\_\_

## Training Goals

What are your main goals for training? (Check all that apply)

Basic Obedience  Puppy Training & Socialization  Recall  Leash Reactivity

Separation Anxiety  Potty Training  Behavior Modification  Other: \_\_\_\_\_

Any specific issues or situations you'd like help with?

# Yes.Place Virtual Dog Training Intake Form

---

## Environment

Do you live in:  House  Apartment  Other

Do you have a yard?  Yes  No

Other pets in the household?  Yes  No

If yes, what kind? \_\_\_\_\_

## Virtual Training Prep

Do you have access to:

A device with a camera  A quiet space  Treats or toys your dog loves

## Scheduling

Preferred days/times for sessions:

---