



Board and Train Intake form

Name of Dog: _____ Owner Contact No: _____

Drop off date & time: _____ Pick up date & time: _____

Special Issues:

Request training on the following (check)

<p><u>Puppy Training</u></p> <p>House training _____</p> <p>Biting/Nipping hands _____</p> <p>Bites leg pants _____</p> <p>Attention & focus _____</p> <p>Licking _____</p> <p>Chewing _____</p> <p>Digging _____</p> <p>Drop it _____</p> <p>Leave it _____</p> <p>Traveling in car _____</p> <p>Jumping out of Car _____</p> <p>Excessive barking _____</p> <p>Boundaries/ Bolting _____</p> <p>Car Sickness _____</p> <p>Wild Dog Behavior _____</p>	<p><u>Basic Obedience</u></p> <p>Recall (come/here) _____</p> <p>Stay _____</p> <p>Sit / Sit stay _____</p> <p>Down / Down Stay _____</p> <p>Wait _____</p> <p>Walking on leash _____</p> <p>Pulling on leash _____</p> <p>Come off leash _____</p> <p>Running away _____</p> <p>Excitement _____</p> <p>Jumping fences _____</p> <p>Jumping up on furniture _____</p> <p>Jumping up on people _____</p> <p>Kitchen counter surfing _____</p> <p>Chasing cars, bicycles, etc. _____</p>
<p><u>Socialization and Comfort</u></p> <p>Dog shy _____</p> <p>General aggression _____</p> <p>Fear aggression _____</p> <p>Threat & Alarm _____</p> <p>Growling _____</p> <p>Dog socialization _____</p> <p>People socialization _____</p> <p>Strange places _____</p> <p>Separation anxiety _____</p> <p>General anxiety _____</p> <p>Excessive barking _____</p> <p>Pack orientation _____</p> <p>Phobic Behavior _____</p> <p>Introduce baby to dog _____</p>	<p><u>Grooming</u></p> <p>Bath & conditioner _____</p> <p>Brushing teeth _____</p> <p>Nails _____</p> <p>Teeth problems _____</p> <p>Eyes & Ears _____</p> <p>Skin itching/irritation _____</p> <p>Dry skin _____</p> <p>Anal glands _____</p> <p>Lumps / bumps _____</p> <p>Fleas / Ticks _____</p> <p>Spay/Neuter _____</p>
<p><u>Food and Treats</u></p> <p>Resource Guarding _____</p> <p>Eating stools _____</p>	<p><u>Other:</u></p>