



Pawsitive Pathway Programs – Owner Intake Packet

Board & Train Client Information Form

To be completed prior to drop-off

OWNER INFORMATION

Owner Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact (Name & Phone): _____

Preferred communication during program:

Text Phone Email Weekly updates only

DOG INFORMATION

Dog's Name: _____

Breed / Mix: _____

Age / DOB: _____

Sex: M MN F FS

Color/Markings: _____

Microchip #: _____

How long have you owned your dog? _____

Where was your dog acquired? Breeder Rescue Rehomed Other

VETERINARY & HEALTH INFORMATION

Veterinarian/Clinic: _____

Vet Phone: _____

Vaccinations (must be current):

DHPP Bordetella Rabies (if >16 weeks)

Health concerns (check all that apply):

Allergies Digestive issues Skin issues Seizures Mobility issues

Anxiety Cardiac concerns None

Other: _____

Medications:

1.

2.

Feeding instructions:

Food brand/type: _____

Amount per day: _____

Schedule: AM PM Both

Allergies/dietary restrictions: _____

HOUSEHOLD ENVIRONMENT

Who lives in the home?

Adults Children (ages: _____) Dogs Cats Livestock/Other

Home environment:

Busy/Active Moderate Quiet

Where does your dog sleep?

Crate Dog bed Owner bed Free roam Other: _____

Daily exercise routine: _____

BEHAVIORAL HISTORY

Has your dog ever: (check all that apply)

- Barked/lunged at dogs
- Barked/lunged at people
- Growled
- Snapped
- Bitten a dog
- Bitten a person
- Guarded food/toys/people
- Shown fear/anxiety
- Displayed separation distress
- Shown leash frustration
- None of the above

If yes, provide context:

Known triggers (environmental, handling, sounds):

DAILY ROUTINES & PREFERENCES

Favorite treats: _____

Allergies/dislikes: _____

Favorite toys/enrichment: _____

Is your dog crate-trained?

Yes Working on it No

Crate behavior: Quiet Whines Barks Panics

Leash behavior: _____

Social comfort with dogs:

Friendly Selective Timid Prefers no dog interaction

PREVIOUS TRAINING EXPERIENCE

Past training:

Group classes Private lessons Prior board & train Online None

Where/when: _____

Tools/methods previously used: _____

What your dog knows:

- Sit Down Stand Recall Loose leash walking
- Stay/Wait Leave it Touch None Other: _____

TRAINING GOALS FOR THIS PROGRAM

List your top three training priorities:

- 1.
- 2.
- 3.

Secondary goals: _____

What does “success” look like for you?

ADDITIONAL NOTES FOR TRAINERS

Anything else we should know to help your dog succeed:

8. Owner Signature I have read, understood, and agree to the terms of this behavioral packet

Owner Printed Name: _____ Date: _____

Owner Signature: _____ Date: _____