



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: _____