



**Canine Evaluation Interview Form**

Client's Name \_\_\_\_\_ Client's Phone Number \_\_\_\_\_  
Client's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Client's E-mail Address \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Male or Female? \_\_\_\_\_ Neutered or Spayed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not neutered or spayed, why not? \_\_\_\_\_

Has your dog ever bitten a person? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

If yes, please select the phrase most descriptive of bite:  
\_\_\_\_\_ Bite did not break skin  
\_\_\_\_\_ Bite bruised or left mark, but did not break skin  
\_\_\_\_\_ Bite broke the skin  
\_\_\_\_\_ Multiple bites that broke the skin  
\_\_\_\_\_ One or multiple bites that broke the skin, and medical treatment necessary

Does your dog get along with:  
Children? \_\_\_\_\_  
Other dogs? \_\_\_\_\_  
Cats? \_\_\_\_\_  
Strangers visiting your home? \_\_\_\_\_

If you answered no to any of the above, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog walk politely on a leash? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Sometimes

What brand and type of food does your dog eat? \_\_\_\_\_

Does your dog have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, to what? \_\_\_\_\_

Does your dog come when you call her? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

What type of collar does your dog wear? \_\_\_\_\_

What type of leash do you use? \_\_\_\_\_

Does your dog wear a walking aid, such as a harness or pinch collar? \_\_\_\_\_

Does your dog visit a dog park? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your dog ever visited a dog daycare or a boarding center that offered daycare? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were there any problems with your dog's behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in speaking to a trainer about behavioral problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you interested in speaking to a trainer about training classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Dog Owner

\_\_\_\_\_  
Signature of Lucky Dog Manager

\_\_\_\_\_  
Date