

K-9 SOL (Socialization, Obedience & Leadership)
PUPPY PRE-SCHOOL CONSULTATION

Barbara White-Willner

Please fill out, attach vaccination information from your vet & bring with you to your evaluation

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ ZIPCODE: _____

HOME PH: _____ W/C PH: _____

DL#: _____ VET NAME: _____

HOW DID YOU HEAR ABOUT US: _____

YOUR EMAIL: _____

Are you interested in being on the K-9 SOS mailing list for helpful tips, events, play days, etc.? YES/ NO

Canine Background Information

DOG NAME: _____ AGE: _____ M / F

Where did you get your dog from?

How long have you owned your dog?

List the names and ages of the members of your household:

Where does your dog sleep? _____ Is your dog allowed on furniture? _____

Are you using a crate for training & how is that going?

What method/s have you been using to correct your puppy?

What problems are you having that you need my help with?

In Puppy PreSchool we discuss:

Play-biting

House-training

Toy recommendations

Leash training

Food/toy possessiveness

Socialization

FirstAid

Grooming

Prep for Obedience

Trainer Notes:

Barbara White-Willner, IACP-CDT

DATE: _____