



## Package Plan/Individual Lesson Agreement

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### OWNER INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Contact (Other than self): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
How many people live in the home? Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_  
How Did You Hear About Speaking K9? \_\_\_\_\_

Would you be willing to be used as a reference for Speaking K9?  Yes  No

### DOG'S INFORMATION (GENERAL):

Dog's Name: \_\_\_\_\_ Call Name: \_\_\_\_\_  
Colors/Markings: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: Male / Female Spayed/Neutered:  Yes  No Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
How long have you owned your dog? \_\_\_\_\_  
Where did you get your dog?  Breeder \_\_\_\_\_  other \_\_\_\_\_  
Is your dog microchipped/tattooed?  Yes  No

### Vaccination Policy:

All dogs are required to have age appropriate vaccines as determined by your treating veterinarian.  
Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of last Rabies Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Health and Nutrition:

What food do you feed? \_\_\_\_\_ When do you feed:  AM  PM  
How much do you feed at each feeding? \_\_\_\_\_  
Describe your dog's feeding habits:  finicky  Good Appetite  
Does your dog like treats?  Yes  No  
Food Allergies?  Yes  No  
How does your dog get exercise? \_\_\_\_\_

### Personality:

Does your dog socialize/play with other dogs/animals on a regular basis?  Yes  No  
If Yes, Please Describe: \_\_\_\_\_  
Are there any other animals in your home?  Yes  No  
If so, please list animals: \_\_\_\_\_  
Has your dog shown any aggression toward other animals or people?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your dog ever bitten or been bitten:  Yes  No

If yes, please describe: \_\_\_\_\_

**Describe Your Dog's Personality (mark all that apply):**

Mellow/calm       Shy/Submissive       Playful       High Energy       Dominant/Alpha  
 Well Behaved       Unruly

Food/Toy Possessive:  Yes  No

Potty Trained:  Yes  No

Jumps Up on People:  Yes  No

Barks Excessively:  Yes  No

Mouthy / Bites:  Yes  No

Chews Excessively:  Yes  No

Digs:  Yes  No

Separation Anxiety:  Yes  No

Eats Feces:  Yes  No

Does Not Obey:  Yes  No

Eats Rocks:  Yes  No

Fear of Loud Noises:  Yes  No

High Strung:  Yes  No

Timid:  Yes  No

Jumps Fences:  Yes  No

Growls at Strangers:  Yes  No

Destroys Furniture:  Yes  No

Destroys Toys/clothing:  Yes  No

Jumps on furniture:  Yes  No

Crate Trained:  Yes  No

What do you consider your dog's most undesirable behavior? \_\_\_\_\_

What do you do to correct your dog's behavior problems? \_\_\_\_\_

What do you require of your dog? \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Has your dog ever been formally trained?  Yes  No

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

**Grooming:**

Do you or your groomer have problems bathing or grooming your dog:  Yes  No

How is your dog for having nails trimmed? \_\_\_\_\_

Anything else you would like Speaking K9 to be aware of? \_\_\_\_\_

I would like to add an E-Collar and E-Collar training for an additional \$300.00  Yes  No

***To the best of my knowledge, the information that I have provided is both accurate and true. I also acknowledge that I have read, understand, and agree to abide by the Terms, Conditions and Agreements.***

Owners Name (Print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owners Signature: \_\_\_\_\_

Speaking K9 Representative (Print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Representative Signature: \_\_\_\_\_