



Technique Follow-through Growth

314-930-5472

Original Date:	
Dates Revised:	6/2/2019
	07/31/2021
	03/25/2022

SERVICES CONTRACT & INTAKE FORM

All information included on this questionnaire are strictly confidential and will become part of your pets training record. Mark N/A for nonapplicable questions

Owners Name:	Date:		
Owners Name:	Email:	<input type="checkbox"/>	Primary
Owners Name:	Email:	<input type="checkbox"/>	Primary
Approved Methods for contact:	<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone calls <input type="checkbox"/> All <i>(check all that is acceptable)</i>		
Phone Number:	Phone Number (backup):		

PET HEALTH INFORMATION

Pets Name:	Age:	Weight:	Breed:
Pets Vet Clinic:	Vets Phone#:	Pets Vets Name:	
Use this Vet During Stay	<input type="checkbox"/> No <i>(If No see Below)</i> <input type="checkbox"/> Yes <i>(mileage Fee outside 15 mile radius)</i>	Vets Address:	
Use Trainers Vet during stay?	Animal Talk Located Wentzville Mo. Dr. Jacob Lucas (636)-332-5900		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Vaccinations:	<input type="checkbox"/> Bordetella <input type="checkbox"/> Heart guard <input type="checkbox"/> Distemper <input type="checkbox"/> Rabies <input type="checkbox"/> Parvo <input type="checkbox"/> Flea/Tick	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Immunizations and dates due: <i>If puppy series shots note scheduled dates</i>	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Rabies	
	<input type="checkbox"/> Heart Guard	<input type="checkbox"/> Parvo	
	<input type="checkbox"/> Distemper	<input type="checkbox"/> Flea/Tick <i>Bravecto, Simparica, Frontline...</i>	
List any medical problems that vets have diagnosed that could pose potential risks to training			
Surgeries			
Spayed /Neutered			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vet Authorization <i>(Youngs DT errs to caution and if anything is discovered that would warrant a vet, we immediately contact the vet. Vet bills are at client's expense)</i>			
Client	Do you want contacted "BEFORE" the vet sees your pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	---OR--- After <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Vet	Use for Emergency Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My Vet	Use for Emergency Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Service	Bootcamp <input type="checkbox"/>	Day Camp Training <input type="checkbox"/>	1 on 1 Training <input type="checkbox"/>	Group Obedience <input type="checkbox"/>
My training start date:		Course end date is?		Projected total cost of Training is?
<i>I fully acknowledge the discussed duration of training can take longer or shorter depending on goals set forth and All information I've added to these forms is truthful</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:			Print:	

Please turn to next page

List any medications your pet is currently taking (Board & Train Services Only)

Name the Drug	Amount	Frequency Taken

Allergies to Foods, fabrics, environments?

Name the item	Initial signs of a potential reaction?

FOOD & TREATS (BOARD & TRAIN / DAY CAMP SERVICES ONLY) * Initial next to each checkbox marked******

DAILY FEEDING AND TREAT MANAGEMENT/REACTIVITY

Food <i>(Note a third of the daily feeding will be removed and used with treats)</i>	Type of Food?		
	Special Feeding instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Describe?	
	Am/Pm Portion?		
Treats	Allergies to grain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stomach sensitivities to wet type treats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REACTIVITY – BEHAVIORAL (CONSULTATION/ INTAKE INFO)

Strangers	Any displays of shyness to strangers? <i>(i.e., running away, urinating, barking...)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of aggression to strangers? <i>(i.e., hair standing up, tenseness, growling...)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of curiosity to strangers? <i>(i.e., sniffing, jumping, pawing at...)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My dog happily sniffs or jumps on people with calm or over rambunctious attitude.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strange dogs	Any displays of shyness to unfamiliar dogs? <i>(i.e., running away, urinating, barking)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of aggression to unfamiliar dogs? <i>(i.e., hair standing up, tenseness, growling)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of curiosity to unfamiliar dogs? <i>(i.e., sniffing, jumping, pawing at)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My dog happily sniffs or paws with calm or over rambunctious attitude.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food bowl	Any displays of growling when hand is near food bowl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of growling when another dog is near food bowl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays aggression towards a dog near food bowl? <i>(i.e., freezing, growling, signs of teeth)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of aggression towards a human near food bowl? <i>(i.e. freezing, growling, signs of teeth)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My dog eats their food without any care for whom or what's around them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toys	Any display of growling when a hand is near the toy dog is chewing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any display of growling when another dog is near the toy dog is chewing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any display aggression towards a dog near a toy on the ground? <i>(i.e., freezing, growling, signs of teeth)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any displays of aggression towards a human near a toy on the ground? <i>(i.e., freezing, growling, signs of teeth)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My dog displays no reaction to people or dogs when a toy is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leash	Any display of aggression towards another dog while on a leash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any display of aggression towards people while dog is on a leash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My dog is calm or rambunctious when on a leash.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continued on next page

Kennel	Any display of aggression towards dogs while in a kennel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any display of fear towards humans while in a kennel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any display of aggression towards humans while in a kennel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	My Dog is calm or rambunctious while in a kennel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Add description here			

SERVICES- TRAINING DETAILS ****(Initial next to each checkbox marked)****

Boot / Day Camp / Individual 1 on 1 (Pre-k Axis I --- Elem Axis II --- Graduate Axis III)

Cues				Level of understanding. Helps assess duration of training needed to meet expected goals							
Sit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Down	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Come	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Leave It	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Food Bowl	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Loose leash	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Stay	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Wait at door	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Get In	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pre-k	<input type="checkbox"/>	Elem	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	
Behavioral	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Aggression	<input type="checkbox"/>	Fear	<input type="checkbox"/>	Resource Guarding	<input type="checkbox"/>	
Loose leash	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Doesn't pull	<input type="checkbox"/>	Walks by side	<input type="checkbox"/>	Stops and sits automatically	<input type="checkbox"/>	
Socialization										<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manners- (potty, nipping)										<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 paws grounds attention (jumping)										<input type="checkbox"/> Yes	<input type="checkbox"/> No
AKC Testing? (Canine Good Citizen, Urban, Canine Community, Tricks) https://www.akc.org/products-services/training-programs/canine-good-citizen/										<input type="checkbox"/> Yes	<input type="checkbox"/> No
										<input type="checkbox"/> Yes	<input type="checkbox"/> No
										<input type="checkbox"/> Yes	<input type="checkbox"/> No

Group Obedience Classes (6-week course -1 hour - once a week) Note conflicting days/times:

Puppy manners	Puppy Foundation	Doggie Initiative	Puppy Axis-II	Doggie Axis-II	Doggie Axis-III	AKC Prep class	AKC Test
8- 12 wks <input type="checkbox"/>	12-20wks <input type="checkbox"/>	6 mths & up <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Emphasis	Socialization	Sit	Wait at door	Wait at Door	LLW w/ Focus	Star puppy <input type="checkbox"/>	<input type="checkbox"/>
Puppy play	Manners	Down	Sit w/ distract	Sit w/Distract	Sit / Focus	CGC <input type="checkbox"/>	<input type="checkbox"/>
G-tools Expose	Sit	Come	Down w/Distract	Down w/Distract	Down / Focus	CGC-A <input type="checkbox"/>	<input type="checkbox"/>
Basic Manners	Down	Leave/Take it	Come w/Distract	Come w/Distract	Come / Focus	CGC-U <input type="checkbox"/>	<input type="checkbox"/>
Sit	Come	Loose Leash W	Leave it extended	Leave it extended	Meet & Greet	AKC ATT <input type="checkbox"/>	Club Event ONLY
Down	Leave/Take it	Stay	Stay w/distract	Stay w/ distraction	Get In	<i>Classes may be modified to meet enrolled dogs needs. Courses cover additional material not listed. Descriptions give a base listing of what is covered.</i>	
Come	Loose Leash	Manners	LLW extended	LLW extended	Stand		
Intro to leash	Stay	Focus	Go to matt	Go to mat	Leave Expanded		
Roll over	Focus	Spin	Push-ups	Push-ups	Sit by side LLW		

REQUIREMENTS/ PERMISSIONS / AUTHORIZATIONS ** Initial next to each checkbox marked******

I understand all required Vaccinations including flea/tick & heartworm is mandatory to remain up to date while utilizing services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to contact between 2-4 weeks after training complete for feedback on services satisfaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to Post photos of your pet on Young's Dog Training LLC social media (i.e. Facebook, Instagram, Google...)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GROOMING SERVICE DETAILS (BOARD & TRAIN / DAY CAMP SERVICES ONLY)

(Added expense based on salon locations pricing, Youngs DT is not liable for any issues while with groomer)

Bath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brush	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nails	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific cut? Please explain in detail for the groomer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission for groomer to contact you with questions about cut?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to release shot records to Groomer for services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GROOMING SALON CHOICE (Board & Train / Day Camp Services Only)

Sebastien's Pet Salon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Groomer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Talk Grooming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Groomer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paw Perfect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Groomer?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Posh City Pet Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Groomer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Groomer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INVENTORY CHECK-LIST (BOARD & TRAIN / DAY CAMP SERVICES ONLY)

Youngs DT is not liable for condition of items returned based on dogs' behavior with items

Noted items left with pet during stay. Add descriptions next to each item and utilize blanks for items not listed.

<input type="checkbox"/> Bed	<input type="checkbox"/> Toy bone	<input type="checkbox"/> Food scoop
<input type="checkbox"/> Blanket/s	<input type="checkbox"/> Toy	<input type="checkbox"/>
<input type="checkbox"/> Toy plush	<input type="checkbox"/> Toy	<input type="checkbox"/>
<input type="checkbox"/> Toy plush	<input type="checkbox"/> Collar	<input type="checkbox"/>
<input type="checkbox"/> Toy plush	<input type="checkbox"/> Leash	<input type="checkbox"/>
<input type="checkbox"/> Toy rope	<input type="checkbox"/> Harness	<input type="checkbox"/>
<input type="checkbox"/> Toy rope	<input type="checkbox"/> Food container	<input type="checkbox"/>