CULTURED HOUNDS
Behavior, Refined.

CLIENT INTAKE & BEHAVIOR PROFILE

New Client Intake Form

This form may be completed by the client before the first appointment or by Cultured Hounds during the Discovery Call.

Completed by: ○ Client ○ Spencer / Cultured Hounds **Date:**

CLIENT INFORMATION

Client name **Preferred name**

Phone **Email**

Street address

City **State** **ZIP**

Preferred contact: ○ Phone ○ Text ○ Email

DOG PROFILE

Dog name **Breed / mix** **Age / DOB**

Sex **Spayed / neutered?** **Weight**

How long have you had this dog? **Where did the dog come from?**

Who lives in the home? Include adults, children/ages, roommates, regular caregivers.

Other animals in the home Species, age, sex, and relationship with this dog.

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PRIMARY BEHAVIOR CONCERNS

Check all that apply

- ☐ Fear / anxiety
- ☐ Human-directed aggression
- ☐ Resource guarding
- ☐ Separation distress
- ☐ Barking / vocalizing
- ☐ House training
- ☐ Puppy / adolescent behavior
- ☐ Impulse control / over-arousal
- ☐ Leash reactivity
- ☐ Dog-directed aggression
- ☐ Visitor / territorial behavior
- ☐ Handling / grooming sensitivity
- ☐ Destructive behavior
- ☐ Prey drive / chasing
- ☐ Poor socialization
- ☐ Other

In your own words, what is happening?

Describe the behavior you most want help with.

When did you first notice it?

How often does it happen?

Known triggers or situations

Typical warning signs before the behavior

Typical recovery time afterward

When stressed, the dog most often: ◯ Retreats / seeks distance ◯ Moves forward / confronts ◯ Both / unsure

Response to unfamiliar people

Response to unfamiliar dogs

BITE & SAFETY HISTORY

Has this dog ever bitten or made physical contact with teeth? ◯ Yes ◯ No ◯ Unsure

Approx. number of incidents

Most recent date

Target (person/dog/etc.)

Describe the most serious and most recent incident(s)

Include injuries, medical care, context, and what happened immediately before/after.

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HEALTH & PHYSICAL WELL-BEING

Behavior can be affected by pain, discomfort, digestion, sleep, medication, and other physical factors. This section does not replace veterinary care.

Veterinarian / clinic

Last veterinary exam

Known medical conditions, injuries, pain, mobility issues, or recent health changes

Current medications / supplements

Known allergies / sensitivities

Skin, ears, itching, licking, hot spots, or other recurring discomfort

Digestive history

Stool quality, gas, vomiting, appetite changes, reflux, recurring upset, etc.

Typical sleep / rest

Typical daily exercise

NUTRITION

Current food

Brand/product, protein, dry/wet/raw/home-prepared, and any toppers.

Feeding schedule / amount

Treats / chews used regularly

Previous foods and any noticeable changes in health or behavior

Anything else about physical comfort, appetite, nutrition, or health that may be relevant

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DAILY ROUTINE & HOME ENVIRONMENT

Current safety / management tools

Muzzle status

Where does the dog sleep?

Hours typically home alone

Crate use: ○ Yes ○ No ○ Sometimes

Furniture access: ○ Yes ○ No

Typical weekday routine

Meals, crate/rest, walks, yard time, work schedule, training, free time, bedtime.

Walk frequency

Typical walk length

Yard access / setup

Door, window, fence, or property-line behavior

What currently happens when visitors arrive?

How often does your dog encounter other dogs or unfamiliar people?

Daycare, dog parks, group walks, boarding, public outings, or other regular social environments

EQUIPMENT CURRENTLY USED

Flat collar	Martingale collar	Harness
Head halter	6-foot leash	Long line
Retractable leash	Crate	Baby gates / barriers
Basket muzzle	Prong collar	Electronic collar
Other		

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TRAINING HISTORY

Previous trainers, classes, programs, or training methods

What has worked well?

What has not worked?

Commands / skills the dog currently knows

Best motivators / rewards

Known dislikes / sensitivities

Any history with corrections or aversive tools?

Include tools/methods used and how the dog responded.

GOALS & EXPECTATIONS

What are your top three goals?

What would meaningful success look like in everyday life?

Anything urgent, unusual, or important that I should know before meeting your dog?

DISCOVERY CALL / TRAINER NOTES

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Optional office-use page. Complete during the Discovery Call or after reviewing the client intake.

DISCOVERY CALL SUMMARY

Key concerns / first impression

Immediate safety or management recommendations given

Questions to explore during assessment

RECOMMENDED NEXT STEP

- ☐ Puppy Foundation Session
- ☐ Initial Everyday Training Session
- ☐ Comprehensive Behavior Assessment
- ☐ Behavior & Safety Assessment
- ☐ Advanced Behavior & Safety Assessment
- ☐ Virtual Consultation
- ☐ Online course / resource
- ☐ Other / custom plan

Recommended price / program

Follow-up date / action

Additional trainer notes

REMINDER

This intake supports assessment and training planning. Sudden behavior changes, signs of pain or illness, or medical concerns should also be discussed with a veterinarian.

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CLIENT POLICY AGREEMENT

Training & Behavior Services

Please review these policies before services begin, then sign at the bottom.

ACCURATE INFORMATION & DISCLOSURE

I confirm that information I provide about my dog is complete and accurate to the best of my knowledge. I will disclose known bites, aggression, escape behavior, resource guarding, handling concerns, medical conditions, medications, allergies, and other information that may affect safety or training, and will notify Cultured Hounds if important information changes.

SAFETY & RESPONSIBILITY

I understand that dog behavior cannot be guaranteed and that training, handling, social exposure, and behavior work may involve inherent risk. I agree to follow reasonable safety and management instructions, including use of leashes, crates, barriers, muzzles, distance, or separation when recommended, and will not intentionally create a dangerous situation for training or demonstration.

TRAINING APPROACH & PARTICIPATION

I understand that Cultured Hounds may use rewards, food, play, praise, structure, boundaries, leash communication, environmental management, crates, muzzles, controlled exposure, and appropriate consequences based on the dog and situation. Cultured Hounds does not use prong collars or electronic collars. I may ask questions or decline a technique I am uncomfortable using.

HEALTH, NUTRITION & VETERINARY CARE

I understand that physical discomfort, nutrition, sleep, digestion, pain, illness, and other health factors can affect behavior. Cultured Hounds may discuss nutrition and wellness when relevant, but this does not replace veterinary diagnosis or treatment. Sudden behavior changes, pain, illness, or medical concerns should be discussed with a veterinarian.

SCHEDULING, PAYMENT & CANCELLATIONS

I understand that appointments and programs are reserved specifically for me. Fees are due according to the service or program selected. Late cancellations are charged 50% of the reservation fee. I agree to communicate scheduling changes as early as reasonably possible.

RESULTS & FOLLOW-THROUGH

I understand that no trainer can guarantee a specific behavioral result or timeline. Progress depends on factors including genetics, history, health, environment, consistency, household participation, management, and practice between sessions. Recommendations may change as new information becomes available or the dog progresses.

PHOTO / VIDEO PERMISSION (OPTIONAL)

Cultured Hounds may photograph or record training for documentation, education, or marketing. Client-identifying information will not intentionally be shared without permission. Select one:

- ○ Yes, I give permission.
- ○ No, do not use my dog/client material for marketing.

ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that I have read and understand this agreement, had the opportunity to ask questions, and agree to the policies above.

Client / Guardian Name

Dog Name

Signature

Date

I acknowledge and agree to the policies above.