

CFP™ Model – CANINE HISTORY

Owner Name _____ Date _____

Last

First

Address: _____

Cell Phone: _____ Other Phone: _____

Email: _____ Your Work: _____

Dog: Name _____ Breed _____ Age _____ DOB _____ Weight _____

Male/Female/Neutered Rabies Vaccine Date? _____ Other Vaccines? _____

Has your dog bitten a human? Yes ___ No ___ Another Dog Yes ___ No ___ Explain: _____

Current Medications _____ Current Supplements _____

Current Vitamins _____ Current Over the Counter Medicines _____

Current Diet _____ Any known or suspected allergies _____

Dietary Restrictions _____

Ongoing Current Medical Conditions (circle all that apply): Diabetes–High Blood Pressure–Arthritis–back/neck pain–cancer–decreased hearing/vision–Heart disease–Hypothyroidism–Cushing’s Disease–Other: _____

Surgeries with dates and location: _____

Recent injury: Date _____ Was healthcare professional seen? _____

Describe the injury: _____

Current summary of diagnosis and your understanding of the condition(s): _____

Do you think your dog is in pain? _____

Is your dog under the direct care of a veterinarian for any current condition? Yes - No

Your Dog’s Current Canine Job _____

Your occupation _____

Family veterinarian: _____ at _____ Veterinary Hospital.

Other Healthcare Professionals: _____

What are your primary Goals for your dog? _____

Describe your own dog training and handling experience: _____

Do you have any limitations that you want me to be aware of? _____

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Please comment regarding the following:

- Sleep:
 - Is your dog sleeping through the night?
- Movement:
 - Does your dog get up, turn around, lay down, repeat - often?
 - Excessive bowing? Yawning?
- Appetite?
- Dietary Restrictions? (Food Allergies?)
- Drinking? Excessive?
- Weight – fluctuating or static
- Current exercise/day: distance & time, type during week?
- What exercise equipment do you have at home?
- What mental games do you engage in with your dog?
- What Cues does your dog already know? (circle)
 - Sit
 - Down
 - Stand
 - Back
 - Hand target with nose
- What are the current competitive sports your dog is involved in:
 - Agility
 - Flyball
 - Obedience
 - Rally
 - Conformation
 - Dock Dog
 - Nose work
 - Barn Hunt
 - Herding
 - Field Trial
 - Mondioring
 - Weight Pull
 - Other:
- Any noticeable issues with functional actions (hard to get up, refusal, falling over):
 - Sit
 - Stand
 - Down
 - Transitions
 - STS (Sit to Stand)
 - DTS (Down to Stand)
 - Stairs
 - In/Out of Car - Go outside and observe
 - Actions after down awhile
 - Knuckling?

