**HUSTLE UP DOG RANCH**

**Client Intake & Application Form**
*(Please complete one form per dog. All information is confidential and used to keep your dog, other dogs, and staff safe.)*

**1) Owner & Primary Contact**

**Owner Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (mobile):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alt phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province:** \_\_\_\_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_

**Preferred contact method:** ☐ Call ☐ Text ☐ Email
**Best time to reach you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Secondary/Emergency Contact (required)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Is this person authorized for medical/financial decisions in an emergency?** ☐ Yes ☐ No

**3) Services Requested**

☐ Board & Train (Length: ☐ 2 wks ☐ 3 wks ☐ 4 wks ☐ Custom: \_\_\_\_\_\_ )
☐ Private Training ☐ Group Class ☐ Evaluation/Consult
**Goals (top 3):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4) Dog Information**

**Dog’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Breed/Mix:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** ☐ Male ☐ Female
**Spayed/Neutered:** ☐ Yes ☐ No
**If intact, expected/last heat dates (females):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth / Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Weight (kg/lb):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colour/Markings:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Microchip/Tattoo #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you owned your dog?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you get your dog?** ☐ Breeder ☐ Rescue/Shelter ☐ Private Rehome ☐ Other: \_\_\_\_\_\_\_

**5) Veterinary & Health**

**Primary Vet Clinic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Clinic Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccinations (dates):**
DHPP: \_\_\_\_\_\_\_\_\_\_ Rabies: \_\_\_\_\_\_\_\_\_\_ Bordetella (kennel cough): \_\_\_\_\_\_\_\_\_\_ Lepto: \_\_\_\_\_\_\_\_\_\_

**Parasite prevention (product & last date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions/diagnoses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Surgeries/injuries (with dates):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Allergies or sensitivities (food/med):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications/Supplements (name, dose, schedule):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance provider & policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any history of seizures, fainting, heat stroke, exercise intolerance?** ☐ Yes ☐ No
If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6) Behaviour History (be specific; honesty keeps everyone safe)**

**Bite history (ever put teeth on skin)?** ☐ No bites ☐ Inhibited nip ☐ Scratch/Bruise ☐ Puncture
**Number of incidents:** \_\_\_\_\_\_
**Most recent incident date:** \_\_\_\_\_\_\_\_\_\_\_\_
**Describe circumstances, targets (dog/human), location, and medical outcome:**

**Altercations with dogs (non-bite):** ☐ Growl ☐ Snap ☐ Pin ☐ Fight
**Most recent altercation date:** \_\_\_\_\_\_\_\_\_\_\_\_
**Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reactivity/Aggression triggers (check all that apply):**
☐ People (men/women/kids/strangers/visitors)
☐ Dogs (on-leash/off-leash/small/large/puppies)
☐ Small animals (cats/squirrels/birds)
☐ Resource guarding (food/chews/toys/space/people)
☐ Handling sensitivity (feet/ears/mouth/grooming/vet)
☐ Protective/territorial (home/car/owner)
☐ Noise sensitivity (thunder/fireworks/trucks)
☐ Movement triggers (bikes/skateboards/runners)
☐ Separation anxiety
☐ Fence/door/vehicle reactivity
**Other triggers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Play style with dogs:** ☐ Gentle ☐ Rough ☐ Selective ☐ Unsure
**Has your dog ever been asked to leave daycare/boarding/training?** ☐ Yes ☐ No (If yes, why?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous training methods used:** ☐ Treat-based ☐ E-collar ☐ Prong ☐ Halti ☐ Clicker ☐ Touch/pressure ☐ Other: \_\_\_\_\_\_\_\_\_\_
**What worked / didn’t work?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily exercise:** \_\_\_\_\_\_\_ min/day
**Off-leash reliable?** ☐ Yes ☐ No
**Crate trained?** ☐ Yes ☐ No
**House trained?** ☐ Yes ☐ No
**Any escape history (yard/door/crate)?** ☐ Yes ☐ No
**Any car sickness/motion issues?** ☐ Yes ☐ No

**7) Routine, Handling & Lifestyle**

**Feeding (brand, amount, schedule):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treats allowed?** ☐ Yes ☐ No
**Food restrictions (raw/cooked/medicated):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleep location at home:** ☐ Crate ☐ Dog bed ☐ Owner’s bed ☐ Other: \_\_\_\_\_\_\_\_\_\_
**Allowed on furniture?** ☐ Yes ☐ No
**Visitors at home?** ☐ Rare ☐ Occasional ☐ Frequent
**Children in home?** ☐ Yes (ages: \_\_\_\_\_\_\_\_) ☐ No

**Handling tolerance:** ☐ Bath ☐ Blow-dry ☐ Nails ☐ Brushing ☐ Teeth ☐ Ears ☐ Muzzle
Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known stress signals (e.g., drooling, pacing, dilated pupils):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8) Logistics for Board & Train (if applicable)**

**Requested start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Requested end date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pickup/Drop-off:** ☐ Owner ☐ Authorized person (name/phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Items provided:** ☐ Food (\_\_\_\_\_\_ days) ☐ Meds ☐ Leash/Collar ☐ Crate ☐ Bedding ☐ Toy/Chew

**Media release:** I consent to photos/video of my dog for training records & marketing.
☐ Yes ☐ No

**Progress updates preferred:** ☐ Text ☐ Email ☐ In-person at transfer

**9) Authorizations & Agreements**

**Veterinary Release:** In the event of illness/injury, I authorize Hustle Up Dog Ranch to seek veterinary care at my expense. We will attempt to contact the owner/emergency contact first when feasible.

**Risk Acknowledgment:** I understand that dogs are animals with inherent risks. I accept responsibility for any damage or injury caused by my dog and agree to disclose all relevant health/behaviour information.

**Training Philosophy:** I understand Hustle Up’s treat-free, humane, veterinarian-approved methods and agree to follow transfer instructions to maintain results at home.

**Payment & Cancellations:** A non‑refundable deposit may be required to reserve dates. Balance is due at or before intake. Cancellations/rescheduling policies apply.

**Policies:** Vaccinations, parasite prevention, and health requirements must be current prior to intake.

**Liability Waiver:** I release Hustle Up Dog Ranch, its owners, staff, and contractors from liability except in cases of gross negligence or willful misconduct.

**10) Signatures**

I certify the information provided is accurate to the best of my knowledge.

**Owner Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Intake Use Only**
Intake date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Notes / Temperament test summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Accepted for program: ☐ Yes ☐ No Program length: \_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_
Follow-up actions / prerequisites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for choosing Hustle Up Dog Ranch.**
Care. Training. Purpose. Results.