

Canine Conditioning Intake Form

Client Information

Owner:

E-mail address:

Phone number:

Preferred method of contact? (Text, Call, e-Mail, FB, Instagram, etc.)

Canine Information

Name:

Breed:

Date of Birth:

Weight:

Sex:

Spayed/Neutered?

If Yes, date of Spay/Neuter:

Please note that Sarah Keller of Sit Stay Squat offers canine conditioning only. This is NOT a rehabilitation program, and she does not diagnose or treat injury, disease, or illness. All dogs who participate in a canine conditioning program should have veterinarian clearance, and when concerns are noted, clients will be directed to seek appropriate care from their veterinarian or other health provider.

Client Signature:



Medical and Health Information/History

Veterinarian:

Has your dog ever seen a chiropractor, physiotherapist, massage therapist, hydrotherapist etc.?

Has your dog had any trauma, injuries, or accidents? If yes, please describe:

Please describe and list the dates of all recent or significant surgeries and injuries:

Is your dog currently experiencing any medical conditions or injuries that would impact his/her ability to participate in a canine conditioning program? If yes, please describe:



Does your dog have any other medical conditions I should be aware of? (*allergies, bladder problems, arthritis, diabetes, thyroid etc.?*)

Does your dog have any sensitive areas of his/her body? If yes, please describe:

Is your dog currently taking any medications?

Is your dog currently taking any supplements? (*glucosamine, fish oil, etc.*)

How would you describe your dogs overall health? (*Excellent/Good/Fair/Poor*)



Dog's Exercise Protocol & Goals

What type of exercise does your dog get and how often? (*walks, free play, swimming, tricks, dog sports etc.*)

What "tricks" does your dog already know, if any? (*Hand touch, spin, back up, etc.*)

What fitness or training equipment do you have at home that your dog can use?

How many days per week would you like to dedicate to your dogs canine fitness program?

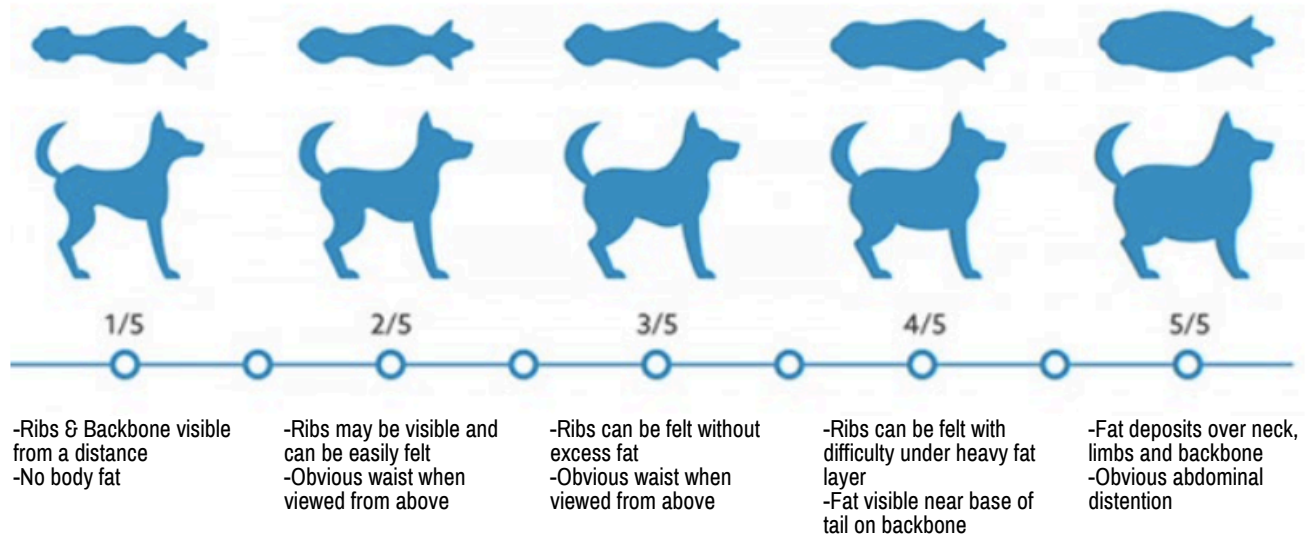
What is your preferred duration for each workout?

- ☐ <5 minutes
- ☐ 5-10 minutes
- ☐ 10-15 minutes
- ☐ 15-20 minutes
- ☐ 20-30 minutes +

What goals do you hope to achieve by participating in this canine fitness program? Please list any long and/or short term goals:



Canine Body Conditioning Score Chart



Where do you believe your dog is out of 5?*

*Please note that this number may be edited by Sarah



Dog Behaviour and Personality

Please describe your dogs basic personality and behavior. For example, is he/she shy, outgoing, friendly, aloof etc.?

Does your dog have any emotional or behavioural issues that I should be aware of?

If yes, please describe so that I can better understand your dogs boundaries and help him/her be as confident as possible during our sessions:

Does your dog have any food or environmental allergies?

Please list any additional information that you think I should know about your dog:

