



## Client Form CSDT Program

To the client: Thank you for carefully filling out and signing this form. Your dog trainer is applying to the IACP for Service Dog Trainer Certification. We need accurate answers as part of the testing process. Your answers will be completely confidential. Please complete this form as soon as possible then mail, email or fax to:

**International Association of Canine Professionals**  
**CSDT – c/o Kristi Smith**  
**10327 W. Westwind Drive**  
**Peoria, AZ 85383 USA**  
**or email to**  
[SDcmte@canineprofessionals.com](mailto:SDcmte@canineprofessionals.com)  
[Fax: 623-271-8137](tel:623-271-8137)

**NOTE: Do not show the filled out form to your trainer. Simply return to IACP in the postage paid envelope provided by your trainer (or email or FAX). Your trainer may not discuss this form or how to fill it out with you. Please keep a copy of this form.**

Date \_\_\_\_\_

Your Name: \_\_\_\_\_ Dog Trainers Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates when Training was Conducted: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ male/female spayed/neutered  
**(please circle)**



**Please make a check mark for each item trained:**

**OBEDIENCE TRAINING**

- Come/Here when called
- Sit on command next to handler
- Sit on command from 6 feet away
- Heels
- Waits at Doorway or gate
- Dog walks calmly without pulling or lunging with handler
- Dog relieves itself on command
- Dog has proper social skills when meeting people with or without another dog present
- Loads and unloads in a vehicle
- Waits calmly and patiently beside handler while putting on a leash/vest or cape, etc.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**TASK TRAINING:**

- Dropped Item Retrieval
- Help with dressing/undressing
- Pick up leash and hand back to handler while walking
- Open and close door or cabinet
- Turn lights on or off
- Brace assist (support handler getting out of chair, off floor, etc.)
- Assist with Laundry
- Interrupts behaviors (anxiety / stress / redirect attention)
- Seizure response
- High counter retrieval
- Alert to scent (high or low) such as blood sugar
- Repetitive motion interruption
- Pull or guide a wheelchair
- PTS behavior interruptions
- Sound Alarm
- Other \_\_\_\_\_
- Other \_\_\_\_\_



What were your goals, objectives and needed tasks when you decided to train your service dog?

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Where your goals and objectives successfully met? **(circle one)** Yes No Partially

Add any comments here (continue on back or add an additional sheet if necessary).

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Please rate your overall experience with your trainer (circle one)

Excellent Very Good Good Average Below Average Poor

Please write in any comments about your training experience that you would like us to know about:

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Would you recommend this trainer to anyone else for service dog training? Yes No **(circle one)**.



STATE OF ) \_\_\_\_\_

SS.:

COUNTY OF ) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came  
\_\_\_\_\_ to me known and known to me to be the person described in  
and who executed the foregoing instrument and he/she acknowledged to me that he/she executed this  
client form on behalf of \_\_\_\_\_ a member of  
the IACP who is applying for certification as a service dog trainer..

\_\_\_\_\_  
Notary Public Signature