



QUESTIONNAIRE

THE FOLLOWING INFORMATION WILL HELP US TO BETTER SERVE YOU AND IS, OF COURSE, CONFIDENTIAL.
(PLEASE COMPLETE ONE FOR EACH ANIMAL BEING TRAINED)

Your Name: _____ Phone: _____ Email: _____

Today's Date: _____ Preferred/OK to contact via phone text email _____ Whom may we thank for referring you to us? _____

Dog's Name: _____ Allergies: _____ Medications: _____

Why did you adopt this dog? _____ From where? _____ How long ago? _____

Is this your first dog, as an adult? Yes No Experience? _____ Any other animals in the home? _____ Describe: _____

Planning to start or expand your family this year? _____ Are children living in or frequently visiting your home? _____

Expecting any major life changes this year? _____

I want to do AKC STAR Puppy AKC Canine Good Citizen AKC CGCA Confirmation (Dog Shows) Competition Obedience _____

I want to do Rally Agility Fly Ball Frisbee Running/Jogging Pet Partners® Visiting Therapy Animal Just be buddies! _____

I want my dog to be a Service Animal for: _____ In what capacity? _____ Therapeutic Support Animal for: _____

What brand of food do you feed your dog? _____

I make my dog's food from scratch! Dry Kibble Raw/BARF Canned I have to make it "Special" or my dog won't eat it. _____

Feeding Schedule: Food is offered _____ times per day and Left out for _____ minutes. Gone in 60 Seconds Always Available _____

Where does dog sleep at night? _____ Is your dog crate trained? Yes No Loves crate Tolerates it Hates it _____

Where is your dog when home alone? _____ Crated? _____ Describe: _____ How long alone on average day? _____

Describe your dog's exercise program, frequency, etc: _____

Describe your dog: Hyper Calm Shy Fearful Outgoing Friendly Clingy Aloof Barky Quiet Jumpy Lazy Nippy Unpredictable Dominant Submissive Reactive Aggressive Nervous Stable Steady Assertive Curious Playful Cuddly Sweet Self-Entertaining Bored Demanding Other: _____

What are the "Top Five" things that we can help you with, with your dog? Feel free to be detailed, the more we understand, the better we can help you! Are these issues different with different people? Who? How so? What would you like your dog to do instead?

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any other PROBLEMS, ISSUES OR CONCERNS that we can help you with as well as any QUESTIONS you have: _____



Briefly describe previous experience you have in dog training, psychology, behavior, etc., including dog classes you have taken in the past. Have you taken any classes with this dog? What type? Where? When? What did you like or dislike about it?

Please list any commands/cues your dog knows and rate how successfully your dog would respond if asked to perform them in the presence of a stranger or another dog, or outside the home.

Describe your GOALS for this class:

What are your dog's favorites?

FOODS	TOYS	OTHER

Has your dog ever shown aggressive behavior towards people? No Yes Was there a BITE? Yes No
When? Please describe the situation, severity, injuries, triggers, etc.:

Has your dog ever shown aggressive behavior towards other dogs? Other Animals? No Yes Was there a BITE? Yes No When? If yes, please describe:

How badly was the person or animal injured?

Tell us anything else you would like us to know about your dog: