



Client Name: _____

Phone Number: _____

Email Address: _____

Dog's Name: _____

Breed: _____

Age: _____

Neutered/Spayed (Circle): YES NO

Prior Training: _____

Does your dog get along with other dogs? _____

Does your dog react upon the sight of another dog? _____

Does your dog jump on people? _____

Does your dog have a fear of children? _____

Does your dog have a fear of other people? _____

Do you take your dog out of the home often? IE: dog parks, walks _____

Will you will be willing to take your dog out more after training? _____

What are your short term training goals? _____

What are your long term training goals? _____

Does your dog have any food allergies? _____

Other pertinent information: _____
