



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_