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: _________________________________________________

________________________________________________________________________
________________________________________________________________________