Owner’s Name:

Owner’s Address:

Owner’s Contact Number:

Owner’s Email:

Pet’s Name:

Pet’s Age: Spayed or Neutered:

Pet’s Breed / Color Coat:

Check that all applies:

Aggressive towards other dogs

Plays well with kids/other people

Excessive Barking

Jumps Up on people/vehicles

Bites

 Timid/Shy

 Energy Level

* On a scale from 1 to 10 (1 being lazy, 10 aggressive energy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Can you control the energy Yes No
1. What training issues or behaviors are you having trouble with?
2. What have you done so far to correct the problem? What was the outcome?
3. Has your dog ever bitten? If so, how many times? Did it break the skin? What were the circumstances around the bite?
4. What age did you get your dog?
5. How did you get him/her? What was the reason for getting the dog?
6. What is your house-training method?
7. Where does your dog sleep?
8. Has your dog ever been hit, if so, where was it hit, and by whom?
9. How does your dog react to strangers?
10. How does your dog react to children?
11. Any health issues we should be aware of?
12. What is your dog’s diet? How often is he/she fed?
13. Does your dog get treats for certain behaviors?
14. What other problems you are having, if any?
15. What are you hoping you and your dog takes away from this journey?
16. How did you hear about us?