



Training Evaluation Questionnaire

Owner's Name	Dog's Name
St. Address	Breed
City Zip Code	Sex Date of Birth
Telephone (work/cell)	Date Dog Acquired
Telephone (home)	Today's Date
Veterinary Clinic	Vet's Telephone
Email	How were you referred?

CHECK THE FOLLOWING PROBLEMS YOU WOULD LIKE CORRECTED

- Aggression towards people
- Aggression toward dogs
- Jumping on people
- Pulling on leash
- Digging
- Excessive barking
- Housebreaking
- Destructive chewing
- Getting on furniture
- Getting into garbage
- Mouthing/Biting
- Showing fear
- Separation Anxiety
- Resource Guarding

CHECK THE LEVEL OF TRAINING YOU ARE CONSIDERING

- Basic Obedience - Complete on-leash control
- Advanced Obedience - Complete off-leash control
- Other

DESCRIBE THE GENERAL BEHAVIOR OF YOUR DOG

In Your House: _

Reaction to Strangers at the Door:

In Your Yard:

On the Street:

At the Park:

In Your Car/Truck:

Attitude Towards Children: _

Has your dog ever bitten anyone? __ YES __ NO If yes, describe the circumstances: