

Dog Training Questionnaire

Owner: _____ Date: _____
Email: _____ Phone No. _____
Address: _____
Dog Name: _____ Breed: _____
Age: _____ Year Adopted: _____
Sex: Male Female Spayed/Neutered: Yes No Date: _____

Background

If spayed, did your dog go through heat cycles first? Yes No Date(s): _____
Do you intend to breed your dog? Yes No When: _____
Did your dog have previous owners? Yes No Number: _____
Have you owned this particular breed before? Yes No Number: _____
Where did you get this dog? Breeder Shelter Friend Other: _____
Dog is: Indoor Only Outdoor Only Indoor/Outdoor
Dog is usually: Supervised Unsupervised Kenneled Fenced
Food Brand: _____ Amt. _____ Per Day: _____
Snacks: _____ Amt. _____ Per Day: _____
Exercise _____ Amt. _____ Per Day: _____

Behavior

Main behavior issue: _____
Steps taken so far: _____
Dog's response: _____
Commands dog knows: _____
Changes coinciding with behavior: New home New pet New baby Marriage Divorce
In the house, does the dog bark/growl/lunge at people? Yes No Date(s): _____
In the house, does the dog bark/growl/lunge at animals? Yes No Date(s): _____
Outside, does the dog bark/growl/lunge at people? Yes No Date(s): _____
Outside, does the dog bark/growl/lunge at animals? Yes No Date(s): _____
Has the dog bitten any people? Yes No Date(s): _____
Has the dog bitten another animal? Yes No Date(s): _____