

Training Questionnaire

***Dog Trainer with Love- Beth Mann KPA CTP***

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| **Personal Information** |
| Name: |  |
| Street: |  |
| City: |  |
| State: |  | Zip: |
| Email: |  |
| Home Phone: |  |
| Cell Phone: |  |
| **Family Members (list names)**  |
| 1: |  |
| 2: |  |
| 3: |  |
| 4: |  |

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| **Dog Information** |
| Dogs Name: |  | Obtained From: |
| Gender: |  | Spayed/Neutered Y N | Date Obtained: |
| Breed: |  | Vet’s Name: |
| Age: |  | Vaccinations up to date:  |
| Is this your first dog? | Medication: |

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| **Feeding Schedule** |
| Once Per Day  | Twice per day, am/pm |  |
| Three times per day | Food out all day |  |

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| **Is your dog reliably house trained?**  |
| Yes | No | Somewhat |

Briefly describe how you respond when your dog does something that pleases you:

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| **Is your dog crate trained?** Yes No How many hours per day does your dog spend in a crate?**Behavioral issues you’d like to address (Please place an “x” in all boxes that apply)** |
| Barking | Shy | Growls |
| Jumping Up | Dog Reactive | Doesn’t listen |
| House Training | Stranger Reactive | Digging |
| Leash Pulling | Nips | Guards food/Objects/Places |
| Chewing | Bites | Other |

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| Briefly describe how you respond when your dog does something that upsets you: |
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| **What cues/behaviors does your dog know?**  |
| Sit | Come | Heel |
| Down | Leave It | Stay |
| Off | Watch Me | None |

Has your dog had prior training? Where?

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| **Which tools do you currently use or have used in the past?**  |
| Buckle collar | Pinch/Prong collar | Head Halter |
| Harness | E or Shock collar | Clicker |

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| **Do you walk your dog daily?**  |
| Yes | No |
| How many times per day? |  |
| About how many minutes per day: |  |

Please list any problems during walks:

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| **How much time do you feel you and your family can devote to training each day?**  |
| None | 15 minutes |
| A few minutes | 30 minutes or longer |

How did you learn about me? (website, referral, etc.)

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Thank you for taking the time to complete this questionnaire.