Dog Training Evaluation Form

Better Behavior Begins with Balanced Energy

Please complete this form to the best of your ability. Your honest feedback helps us tailor our training programs to meet your specific needs and improve our services.

Owner Information:

- Name:
- Address:
- Phone Number:
- Email:

Dog Information:

- Dog's Name:
- Breed:
- Age:
- Sex: □ Male □ Female □ Neutered Male □ Spayed Female
- Weight:

Behavioral Assessment

Please rate your dog's behavior in the following areas using the scale below:

1 = Not at all
2 = Slightly
3 = Moderately
4 = Very
5 = Extremely

Behavior	Rating (1-5)	Comments
Leash Pulling		
Barking		
Jumping		
Chewing		
Digging		
Aggression (towards people)		
Aggression (towards dogs)		
Separation Anxiety		

Training Goals:

What are your specific training goals for your dog? What would you like your dog to achieve through training?

Previous Training Experience:

Has your dog had any previous training?

□ Yes □ No

If yes, please describe:

Additional Information

Is there anything else we should know about your dog's behavior or history?

How did you hear about Calm Assertive K-9 Training?

Thank you for completing this evaluation form. We will review your information and contact you to discuss your dog's training needs.