The Proper Pup
Training Questionnaire

First and last name:_____
Dog's name:_____
Dog's age:_____ Dog's breed:_____
Phone number:_____
Email:_____

Does your dog have any previous training?_____

What are your goals for training?_____

How much time do you plan to dedicate to training your dog at home?_____

How do you exercise your dog?_____

Does your dog have any allergies or stomach sensitivities?_____

Does your dog have any medical complications?_____

Does your dog have a bite history?_____

What equipment does your dog wear?_____