

Scales and Tails Dog Training Questionnaire

Date: _____

Dog Name: _____

Owner First and Last Name: _____

Spouse or Partner Name (If applicable): _____

Address: _____

City: _____ ZIP/PC: _____

Phone: _____ Cell phone: _____

Email: _____

Dog Age & Birth Date: _____

Breed: _____

Weight: _____

Check one: Male Female

Check one: Spayed Neutered Unaltered

Previous Obedience Training (details)

Dog is fearful of: _____

Dog's preferred reward: _____

My dog's behavioral challenges (check all that apply)

Biting or growling at people (explain) _____

Aggressiveness with other dogs (explain) _____

Aggressive with/fearful of children (explain) _____

Shyness

Jumping on people

Jumping over fences

Chewing or digging

Chasing small animals

Escaping out an open door

Excessive pulling on leash

Housebreaking

Running away

Other _____

How long have you owned this dog? _____

What do you hope your dog achieves with this training? _____

Other notes: _____

Dog has received complete immunizations for (check all that apply.)

Please attach a photocopy of immunization record

DHLPP

Bordatella (Kennel Cough)

Rabies

Name and phone number of vet: _____

Pre-purchase Payment Received: _____

Future payment arrangements: _____

I have read and understood the liability waiver and release form.

Client Signature _____

Date _____