

K9's 4 Living Dog Training Questionnaire

Owner's Name: _____ Date: _____

Phone Number: _____ Email: _____

Dog's Name: _____ Age: _____

Emergency Contact: Name: _____ Phone Number: _____

Who is your Veterinarian? _____ Phone Number: _____

What gender is your dog? M / F

Is your pet Spayed/Neutered? Y / N (**Recommended but not required**)

Is your dog current on **ALL VACCINES?** Y / N (**Letter from Vet required for Trainers File**)

Is your pet friendly with other dogs, children, people? Y / N

Does your dog have any medical issues? Y / N (**Letter from Vet required for Trainers File**)

What type of training are you interested in? Please circle any of the following:

Basic Obedience Service Training Socialization

Refresher Classes In Home Training Group Class

Virtual Training Program
Board and Train

Are you experiencing any behavior problems? Y / N

If yes, please list the behavior problems. (**AGGRESSIVE DOGS ARE NOT PERMITTED IN GROUP CLASSES**)

From the behaviors that you listed above which ones do you have the most problems with? What did you do to correct the problem? Are you still experiencing these problems?

Please explain.

What are some things you want to work on during training?

What kind of cues do you need your service dog to know?

What is your ultimate goal for your dog after the training is complete?

Please Explain.
