Puppy 911 Client Questionnaire

Thank you for taking the time to complete this questionnaire. Your detailed answers are invaluable in helping us design a successful, customized training plan for your family.

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1. Client & Contact Information

- Owner's Name(s): _____
- Street Address: _____
- Phone Number(s): _____
- Email Address: _____

2. Household Environment

- Are there young children in the home? [ ] Yes [ ] No
    - *If yes, how many and what ages?*
      _____
- Are there other dogs in the house? [ ] Yes [ ] No
    - *If yes, how many? Please list their ages and breeds/sizes:*
      _____
    - _____

3. Dog Profile & History

- Puppy/Dog Name & Breed: _____
- Where did you get your puppy/dog? _____
- How long have you had this dog? _____
- Is dog spayed/neutered? _____
- What were the circumstances surrounding getting your puppy/dog? Why did you decide to get one?

  _____

  _____

4. Daily Routine, Diet & Care

- What brand of food does your dog eat?
  _____
- Feeding Schedule: [ ] Food is always available (Free feeding) [ ] Fed at regular intervals
- Where does your puppy/dog eat?
  _____
- Where does your puppy/dog sleep?
  _____
- Where does your puppy/dog currently go to the bathroom?
  _____
- Does your puppy/dog go for walks? [ ] Yes [ ] No
  - *If yes, how often and how long?*
    _____
- How much time is the puppy/dog left home alone during the day?
  _____
- Where do you put your puppy/dog when you are away?
  _____

- How much time each day do you or a family member have to spend with your puppy/dog?

5. Behavioral Challenges & Training Commitment

- What problems are you having with your puppy/dog? *(Please be as specific as you can regarding behaviors like leash pulling, chewing, housebreaking issues, etc.)*

- How much time do you have to commit to training?
  _____

6. Additional Information

- Is there anything else you want to tell me?
  _____