Best Canine Training LLC

Behavior Questionnaire

Please complete this form by sharing your dog's current behaviors, concerns, and training goals. This information helps us understand your dog and customize their training program to address their specific needs.

Owner Information

Owner Name: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: _____

Dog Information

Dog's Name: _____

Breed: _____

Age: _____

Sex: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes ☐ No

How long have you owned your dog? _____

Training Goals

What are the main reasons you are sending your dog for training?

1. _____
2. _____
3. _____

Current Behavior Concerns

Please check any areas your dog struggles with:

☐ Pulling on leash
☐ Not listening to commands
☐ Jumping on people
☐ Excessive barking
☐ Door manners
☐ Recall (coming when called)
☐ Staying focused around distractions
☐ Anxiety or nervous behavior
☐ Fear of people or other dogs
☐ Reactivity toward dogs
☐ Reactivity toward people
☐ Resource guarding (food, toys, bones)
☐ Leash aggression
☐ Chewing or destructive behavior
☐ Crate issues
☐ House manners
☐ Other: _____

Please Describe Your Dog's Biggest Challenges:

Previous Training

Has your dog had previous training?

☐ Yes ☐ No

If yes, what type of training and what commands does your dog know?

Commands Your Dog Currently Knows:

☐ Sit
☐ Down
☐ Stay
☐ Come
☐ Heel
☐ Place
☐ Leave It
☐ Wait
☐ Other: _____

Additional Information

Is there anything else you would like us to know about your dog, their personality, or behaviors?

Owner Signature: _____

Date: _____

Thank you for trusting Best Canine Training LLC with your dog. This information allows us to provide a more personalized and effective training experience.