

Clients Name:

Dog Name:

Date:



Questionnaire

Dog's History

1. What is the dog's name?
2. How old is the dog?
3. What sex is the dog?
4. What breed is the dog?
5. Where and when did you get this dog?
6. How old was the dog when you got them?
7. Has this dog had any prior training?
8. Has the dog ever had training tools used? (if so what)
9. Has the dog ever nipped?
10. Has the dog ever bitten anyone or anything? (if not answer no and skip to next section)
11. Has the dog bitten a person?
12. Has the dog bitten another animal?
13. Has the dog ever drawn blood?

Medical

1. Does your dog have any medical issues?
2. Is the dog on any medication?
3. Is the dog spade or neutered?
4. Is your dog allergic to anything?

Other

1. What is the dog's motivation, if anything?
2. How do you punish the dog? (if at all)
3. What kind of exercise does the dog get?
4. Do you give your dog any form of mental stimulation? (such as kongs or lickmats)

5. How often does the dog get let outside and for how long?
6. Is the dog kennel trained?
7. Does the dog eat in their kennel?
8. Is there anything or anyone the dog is scared of?
9. Do you have a daily routine with your dog?
10. How often are you home with the dog?
11. What is the most prolonged time your dog is left alone?
12. Is there any part of the dog's body that they do not like to be touched? (if so what have they done to show they don't like it)
13. Are you able to take things away from the dog?
14. Does your dog chase anything? (animals, toys, cars, people, etc.)
15. How does the dog act while being handled?
16. How does the dog act if they are corrected?
17. Does the dog need to be muzzled?
18. Is there anything I should be aware of?

Training

1. What training goals do you want to accomplish?
2. Will communication between the family be an issue?
3. Does the dog have basic obedience?
4. Are you willing to work every day to accomplish your training goals?
5. Are you okay with training tools?
6. Are you okay with positive reinforcement?

Notes: