



Dog Training Program Client Questionnaire

Owner's Name: _____

Dog's Name: _____

How long have you had your dog? _____

What is your favorite thing about your dog?

Does your dog have any medical conditions?

Does your dog have any food allergies?

Does your dog have any behavioral issues?

What does your dog already know? List any specific tricks, cues/commands, etc.

What do you hope to accomplish with the Training Program? List any goals.
