

IN-HOME QUESTIONNAIRE

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____

EMAILS _____ **REFERRED**

BY: _____

DOG`S NAME: _____ **BREED:** _____

AGE/SEX: _____ **SPAY/NEUTER:** _____

Other Pets in Household: _____

Other People, including age of all children

Veterinarian: _____ **Phone:** _____

Has the dog ever injured or bitten a person or an animal? If yes, describe?

Where did the dog from? _____

How long together: _____

Housebroken? _____ **Crate trained?** _____

Indoor/Outdoor? _____

Where does the dog sleep? _____

Does the dog have any medical problems?

Brand of food? _____ **Fed how often?** _____

Has the dog had any previous training? If yes, describe what cues the dog knows

How does your dog get exercised? Please be specific.

What was your reason for this consultation and what do you hope to gain from these sessions?

Are there any specific behavioral problems you would like to address? If so, how long have these behaviors been going on?

TRAINERS NOTES:
