



CUSTOMER QUESTIONNAIRE

(Please complete and return so your training can begin!)

Owner's Name	
Cell Phone #	
EMAIL	
ADDRESS	
CITY/STATE/ZIP	

DOG's Name:	
DOG's Breed:	
DOG's <u>Age</u> :	<u>Weight</u> :
<u>Sex</u> :	<u>Spayed/Neutered</u> :

Does your dog use a crate? If the answer is "no," please explain why?
...if "Yes," does your dog sleep in the crate at night?

Do you feed your dog scheduled meals or free feed?

How many other pets (dogs/cats/birds) and people does your dog live with?

How does your dog behave in the car?

How does your dog react to other dogs on leash?

How does your dog behave around other dogs/cats/people OFF LEASH?

How does your dog behave around resources (food, toys, bones, etc.)?

Has your dog ever broken out of a crate or jumped a fence?

Has your dog ever bitten a human or other animal? Did the bite draw blood? If so, did the bite require medical care?

Are there any other issues you are experiencing with your dog? Be specific and give as much information as possible. (Consider vehicles, skateboards, strollers, vet visits, people visiting your home and more...)

Have you had training before? Was it effective? What tools (collar/leash/harness/gentle leader/clicker/etc.) Did your trainer have a specific approach to work with your dog?

What family members will be participating in training?

What are your training goals and expectations?

To insure the quickest routing of this document...

Please SAVE for your files and then SEND via email to:

amy@glasman.net