

Training Consultation Form

Owner Name: _____ Phone: _____

Address: _____ Email: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Sprayed/neutered: _____

Gender: _____

Please answer the following questions.

1. Has your dog had any formal training?

2. Please describe 3-4 things that your dog finds reinforcing:

3. Are there any past or present behavioral issues with your dog?

4. Can you recall any events or changes in your dog's environment at the time the behavioral issues began?

5. When do the behavioral issues present themselves?

6. How many caregivers are involved in your dog's environment?

7. How does each of the caregivers respond to the behavioral issues?

8. Are the behavioral problems more evident at certain times?

9. Are there any past or present medical issues with your dog?

10. Has your dog been socialized with other dogs?

11. What do you wish to accomplish during your lesson?