



People & Animals Communicating Together

TRAINING GOALS QUESTIONNAIRE

Date _____

Client's Name _____

Dog's Information (Use separate sheet for each dog.)

Name	Breed/Color	Sex	Neutered?	DOB/ Age
			Y N	

1. Choose from the following list of words that you would associate with your dog (check all that apply):

- Outgoing Timid Dominant Submissive Stubborn Cooperative
 Exuberant Reserved Likes everyone Likes most people
 Likes food Adores food Likes balls Adores balls Likes praise
 Likes to play tug Adores playing tug Likes (other): _____

2. Has your dog ever had formal obedience training? Yes No

3. Methods used in the past for training:

- Food/treats Praise Clicker Choke chain
 Pinch/prong collar Verbal reprimands Physical punishment

Other: _____

3. Has your dog ever growled at or bitten you? Yes No

If yes, describe: _____

4. Has your dog ever growled at or bitten anyone else (other than you)? Yes No

If yes, describe: _____

5. When you walk your dog on a leash, does s/he ever growl, bark, or lunge when s/he sees other dogs?

- Yes No

If yes, describe: _____

6. Does your dog resist you when you “handle” him or when grooming ? Yes No

If yes, describe (need to muzzle, struggles, etc.): _____

7. Current commands/cues your dog *generally* responds to:

- Sit
- Down
- Stay
- Come
- Heel/Close
- Settle
- Leave It
- Off (no jumping)
- Others:
 - ✓ _____
 - ✓ _____
 - ✓ _____
 - ✓ _____

4. Behaviors you would like your dog to respond to:

- Sit
- Down
- Stay
- Come
- Heel/Close
- Settle
- Leave It
- Off (no jumping)
- Others:
 - ✓ _____
 - ✓ _____
 - ✓ _____
 - ✓ _____

5. Describe your current training goals:

6. How much time can you devote on a daily basis for training? If not daily, weekly? _____

7. Anything else?

