

PAWS A MOMENT

DOG TRAINING

Nick May | (765) 481-5636

nick@pawsamomentdogtraining.com

www.pawsamomentdogtraining.com

Training Questionnaire

Please complete both pages. Type into the fields or print and fill out by hand.

01 Your information

First name

Last name

Phone

Email

Address

02 Emergency contact

Name

Phone

03 Your dog

Dog's name

Date of birth (MM/DD/YYYY)

Breed

Weight (include lb or kg)

Spayed / neutered?

- Yes
- No
- Unknown

Has your dog received previous training?

- Yes
- No
- Unknown

Medical conditions or allergies

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Tell us about your dog so we can understand your needs and training goals.

04 Veterinary information

Veterinarian / clinic name

Address

05 Behavior and training goals

Describe any undesirable behaviors your dog is exhibiting:

Describe your goals:

Has your dog ever bitten another person or animal?

- ○ Yes
- ○ No
- ○ Unknown

If yes, describe the situation: