

Have you ever been afraid of your dog? _____ If yes, describe the circumstance (include where you were, what you were doing, who else was there, how was it resolved, etc.)

Please list other pets in the household and their ages.

Please list family members/other people residing in your household:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Does your dog pull on a leash? _____ Come when called? _____ Ever jump on people? _____ Bark too much? _____ Guard food or toys? _____

Are there any problems that you are having with your dog that are so bad that you have considered giving him away or having him put to sleep? _____ If so, please describe the problem(s).

Do you play games with your dog? _____ If so, what are they?

What does your dog do that you like the LEAST?

What do you like MOST about him?

Have you ever trained or taken a dog obedience class before? _____ If yes, when, where and with whom? _____ With this dog? _____

Has your dog had any previous training? _____ If so, please check the commands below to which he responds RELIABLY when out in public:

Sit _____	Sit/Stay _____
Down _____	Down/Stay _____
Come _____	Stand _____
Heel _____	Does he know a release word? _____ If so, what is it? _____

List 2 goals which you would like to accomplish with your dog in the next 8 weeks.

How do you exercise your dog and how often? _____
_____ Do you think this is enough? _____

Is there anything special which you'd like to see addressed in this class? _____ Describe:

Did you complete both sides of this form??