

Owners Name: _____

Date: _____

Phone: _____

Address: _____

City/State: _____

Zip: _____

Email: _____

Dog's Name: _____

Sex: _____

Breed: _____

Dogs Age: _____

Is your dog crate trained: _____

House Broken: _____

When did you get your dog?: _____

Did you get your dog from a breeder or a rescue? _____

What age was he or she? _____

Any health issues or allergies?: _____

Is your dog up to date on Vaccinations?: _____ Spayed/Neutered? _____

Who is your vet? _____

What Brand of Food do you feed? _____

How many cups a day? _____ How often do you feed per Day?: _____

How do you exercise your dog daily? _____

Where does your dog sleep? _____

Have you done any previous Training? _____

Has your dog ever bitten a person, if so, please explain.

Has your dog ever bitten another dog or been in any serious fights?

Has your dog ever been medicated for its behavior?

What Can we help you with?

Trainers concerns

Quote - (Office use only)

1 Dog Price : _____

2 Dog Price : _____