

YOUR NAME _____

ADDRESS _____

PHONE (DAY) _____

PHONE (EVENING) _____

E-MAIL _____

WOULD YOU LIKE TO PLACED ON OUR MAILING LIST FOR FUTURE CLASSES OR EVENTS? _____

CLASS SELECTION _____

DOG'S NAME _____

BREED _____

DOG'S BIRTHDAY _____

SEX _____ NEUTERED/SPAYED

HOW OLD WAS DOG WHEN YOU GOT HIM/HER? _____

FROM WHOM DID YOU GET YOUR DOG? _____

WHO IS YOUR VET? _____

DO YOU HAVE CHILDREN? _____

THEIR AGES _____

DO YOU OWN OTHER DOGS? _____

HOW MANY AND TYPES _____

HOW DOES THIS DOG INTERACT WITH THE OTHER DOGS? _____

WHAT ARE YOUR GOALS? _____

WHO ELSE WILL BE WORKING YOUR DOG ? _____

DO THEY UNDERSTAND YOUR GOALS? _____

WHAT IS STOPPING YOU FROM ACHIEVING YOUR GOALS? _____

WHAT METHODS HAVE YOU USED? _____

TO WHAT DEGREE WERE THEY SUCCESSFUL? _____

WHAT PROBLEMS ARE YOU ENCOUNTERING AT THIS TIME? PLEASE BE SPECIFIC. _____

WHERE DOES YOUR DOG SLEEP? _____

WHERE AND WHEN DOES HE/SHE EAT? _____

WHAT **BRAND** OF FOOD DO YOU USE? _____

WHAT PERCENTAGE OF THE TIME IS YOUR DOG.....

OUTSIDE _____

INSIDE _____

ALONE _____

WITH YOU _____

WHAT ELSE WOULD YOU LIKE TO SAY ABOUT YOUR DOG? MEDICAL PROBLEMS? _____

REFERRED BY: _____

ARE YOU A PREVIOUS CLIENT? _____

IF YES, BE SURE TO ASK ABOUT DISCOUNTED PRICING! THANK YOU FOR SELECTING US AGAIN!

**FROM THE HEART
DOG TRAINING
P.O. BOX 3734
SALINAS, CA**

93912-3734

**PRE-TRAINING
QUESTIONNAIRE**

**“RESPECT YOUR PET:
TRAINING WITHOUT THE PAIN”**

**COURSE
SELECTED:** _____

Class code, number
listed behind the
time of class



CARD NUMBER:

EXP. DATE:

CARDHOLDER'S

NAME:

SIGNATURE:

**"YOU BECOME RESPONSIBLE, FOREVER,
FOR WHAT YOU HAVE TAMED"
---ANTOINE DE SAINT-EXUPERY**