

EQuality Dog Training  
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Office Use  
Date Received \_\_\_\_\_  
Interviewed \_\_\_\_\_  
Entered in Computer \_\_\_\_\_

## Owner and Dog Information

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Has your dog been spayed or neutered?

Yes \_\_\_ No \_\_\_ If not, are you planning to have this done?

Yes \_\_\_ No \_\_\_ Does your dog have any health problems?

If so, please explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ My dog gets along well with other dogs.

Yes \_\_\_ No \_\_\_ My dog gets along well with men.

Yes \_\_\_ No \_\_\_ My dog gets along well with women.

Yes \_\_\_ No \_\_\_ My dog gets along well with children.

Yes \_\_\_ No \_\_\_ My dog has free access to an enclosed area such as a yard, patio, etc.

Yes \_\_\_ No \_\_\_ My dog uses are has previously used a crate or kennel.

My dog spends the majority of his time inside \_\_\_ outside \_\_\_.

What type of exercise is your dog get each day? \_\_\_\_\_

How often do you feed your dog? \_\_\_\_\_

Please list any other pets in your family: \_\_\_\_\_

Describe your dog's relationship with these pets: \_\_\_\_\_

\_\_\_\_\_

Have you previously trained a dog? Yes \_\_\_\_ No \_\_\_\_

If so, what type of training method did you use? \_\_\_\_\_

List three things about your dog that you would like to change.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List six things your dog likes to do.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

What is like best about your dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for this class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_