

OBEDIENCE CLASS QUESTIONNAIRE

Where did you get your dog? _____

How long have you had him/her? _____

Has your dog been in previous homes? If so how many & for how long? _____

Who is in the household? Adults _____ Children (ages) _____

Do you have any other pets? If so, what: _____

Have you had dogs before? Yes / No

How does your dog behave when you groom him? _____

What is your dog like with people? _____

What is your dog like with other dogs? _____

Where does your dog sleep at night? _____

What is your dog's diet? _____ How often do you feed? _____

Does your dog growl over his food or toys? Yes / No

What is your dog's favorite toy? _____ What is your dog's favorite game? _____

How much exercise does your dog get daily? _____

Is your dog exercised on lead or off lead? _____ Is your yard fenced? Yes / No

Do you have any particular problems with your dog? _____

What would you like to learn from this course: _____

Please circle any items you would like specifically covered during this course:

Jumping Up

Digging

Socializing

Handling

Barking

Mouthing

Biting

With other dogs / children

Houstraining

Chewing

Coming when called

Other: _____

How did you hear about this course: _____