

Training Consultation Form

Name:				
Address:				
City/State:		Zip:		
Phone:	Email:			
Dog's Name:	Age:	Sex:	Weight:	
Breed:	l			
How long have you had the dog?	Dog's age when acquired?			
Where did you get the dog?				
Spayed/Neutered?	At what age?			
Number of people in household:	How many children and ages:			
Other dogs &/or pets in household:				
Your experience level: First time owner _	Somewhat e	experienced	Experienced	
List any medications your dog is taking and what for:				
List your dog's favorite activities:				
List any foods/treats that your dog loves:				
List any behaviors/cues that your dog understands (e.g. sit, down):				
Have you worked with a dog trainer in the past? What worked & what didn't work? How did you hear about my services?				
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Describe your dog's behavior issues. Provide as much detail as you wish/use extra paper if needed.						
When were the behavio	ors first observed?					
When were the behaviors mist observed:						
How often do the behav	viors occur?					
What has been done to	correct the behaviors (ty	rpe of discipline, training	etc.)?			
Trinatings soon done to	to the senament (ty	po or alcolpinio, trailing	, 0.0.1).			
What was the dog's res	ponse to these corrective	e measures?				
Check other behaviors	that apply to your dog:					
not housetrained	Jumps	demanding	runs away			
chews	Bites	shy	aggressive to dogs			
barks	doesn't obey	anxious	aggressive to people			
digs	Nervous	fearful	other:			
How often do you feed	How often do you feed your dog? Once daily Twice daily Free feeding					
What type of food?						
Does your dog have any food allergies?						
What kind of exercise does your dog get on a daily basis?						
Does your dog go to daycare or have a dog walker?						
boes your dog go to daycare or have a dog warker:						
Does your dog have any physical problems?						
How long is your dog left alone?						
Does your dog bark? If so, what are the triggers?						
How often does your dog play at dog parks or casual off-leash gatherings?						
Frequently Occasionally Rarely/Never						



When off-leash with other dogs (including unknown of Check all that apply:	dogs), how does your dog generally behave?			
social/playful	resource guarding/possessive (e.g., toys)			
ball/retrieving focused	Aggressive &/or bullying behavior			
excessive anxiety/arousal	fighting/instigating			
disobedience/ignores you	submissive behavior			
fearful behavior	other:			
Is your dog overprotective of any of the following?				
	ou/others Other			
Food Toys Property Y				
Has your dog ever been attacked? If so, at what ag	e and describe the event.			
Has your dog ever bitten a person or another animal	? If so, describe in detail.			
What are your primary behavior/training goals for you	ur dog?			
Other information:				
The analysis and recommendations contained herein were made based on a verbal history and observation of the dog, and in no way should be construed as a guarantee of future behavior. The client will not hold Brad				
Greene liable for any behavior that occurs prior to, during,				
The dog owner assumes all responsibility for the behavior	3 , 3			
The Owner with a size of Feedland Description the description	No likewasa while in the same of Faculty Days			
The Owner authorizes Fearless Dogs to capture the dog(s and/or during any services performed by Fearless Dogs, ir				
Owner authorizes the use and/or reproduction of the dog(s				
media platforms, by Fearless Dogs. The Owner understan	ds that he/she shall not be compensated for any			
such use. Fearless Dogs will make available any published	d pictures to the Owner upon request.			
I hereby give my consent to Fearless Dogs to photograph,	film videotape and then use reproduce edit and/or			
modify (including the addition of logos, text, etc.) and publi				
Owner (Please print name)				
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Oi maratuma	Dete			
Signature	Date			