



Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Home: _____ Work: _____ Cell: _____

Email address: _____

Dog's Name: _____ Male/Female: _____

Dog's Birthday: _____ Dog's Age: _____

Breed/Mix of Dog: _____

	Yes	No	Notes
Behaviour Challenges:			
Housebroken	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxious when you leave	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jumps on people at front door	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jumps on kids in the house	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steals food off the counter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Begs at the dinner table	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excessive barking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uncontrolled digging	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chewing furniture/shoes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bites or nips people	<input type="checkbox"/>	<input type="checkbox"/>	_____
Growls near food bowl	<input type="checkbox"/>	<input type="checkbox"/>	_____
Growls while on couch/bed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking on leash politely	<input type="checkbox"/>	<input type="checkbox"/>	_____
Come when called	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basic commands – Sit, Down, Stay	<input type="checkbox"/>	<input type="checkbox"/>	_____

Behaviours you want to work on/solve (Wish List):

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Goal 5: _____

Other Notes: _____

Preferred Training Times:

Weekday mornings: _____ Weekday afternoons: _____ Weekday evenings: _____

Weekend mornings: _____ Weekend afternoons: _____

Referred by: _____

Budget: maximum \$_____ (optional)



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