

Boot Camp Training Questionnaire

Dog's Name: _____

Date of Birth: _____

Phone: _____

Drop-Off Date: _____ Lesson Date/Time: _____

We take pride in training each and every canine to meet your personal expectations. Please answer the following questions to help facilitate our achieving your expectations for your dog.

Do any of the following issues apply to your dog?

Biting Y _____ N _____ Jumping Y _____ N _____

Aggression (animals, people, food, toys, etc.) Y _____ N _____

Do you have any intentions of competing, showing or using your dog for therapy purposes?

Y _____ N _____ If yes, please give details on back.

Are there any young children interacting with the dog? Y _____ N _____

If yes what are their ages? _____

Are there any persons with a disability involved with your dog? Y _____ N _____

If yes please, explain:

How did you obtain your dog? Adoption _____ Breeder _____ Pet Store _____

Other _____

Has your dog had any previous training? Y _____ N _____

If yes, please give details on the back side of the page. Include commands (verbal and hand), rewards, and corrections used. Also include the type of equipment/training method used.

How did you hear about Landheim's Boot Camp? Via Friend _____

Website _____ Facebook _____ Phone Book _____

Other _____

Any additional information you can provide us will only benefit your dog's training results.

Thank you for taking the time to help us help you and your dog. We hope you are pleased with the results!