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!