

# Boot Camp Training Questionnaire

Dog's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Dog's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drop Off Day/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

Pick Up Day/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

**We take pride in training every dog to meet your expectations. Please answer the following questions honestly to help us fully understand the conditions surrounding the need for training and your expectations for your dog.**

Do any of the following issues apply to your dog? (Please Circle ALL that apply)

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Biting	Nipping	Mouthing	Easily Excitable	Demands Attention
Separation Anxiety		Excited/Submissive Urination		Sound Sensitivity
Aggression towards:	Strangers	Owners	Other Dogs	Other Animals
Fear towards:	Strangers	Owners	Other Dogs	Other

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Do you have any intentions of competing, showing, or using your dog for therapy purposes? Yes No

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Are there any children or persons with disabilities interacting with your dog? Yes No

If so, please give ages of children and/or explain: \_\_\_\_\_

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How did you obtain your dog? Adoption Breeder Pet Store Rescue Other

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Has your dog had any previous training? (please include notes for any self-training, training at another facility or with another trainer, any previous training done with us, etc.)

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Please select any training equipment you have already used:

Flat Collar Prong/Pinch Collar Electronic Collar Electronic Fence Choke Chain

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How did you hear about Landheim's Training Program? Friend Website Facebook Other

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**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!**

