

# Big River Canine Coach LLC

## Training Questionnaire

Each dog has their own triggers, and responds to situations differently. Please fill this out to the best of your knowledge so we can show you how enjoyable Life With Your Dog can be.

Owner's Name(s):

Dog's Name:

How long have you owned your dog? \_\_\_\_\_

Please check any behaviors that are a concern for you

- Mouthing  Nipping  Biting  Whining  Barking  Digging  Chewing  Destructive  Housetraining  Ignoring Commands  Jumping  Escaping  Humping  Aggressive  Separation Anxiety  Other \_\_\_\_\_

What do you do to correct the negative behavior? \_\_\_\_\_

What type of collar does your dog wear daily?  Nylon/Leather Collar  "Choke" Chain  Herm Sprenger (Prong) Collar  Martingale Collar  Harness  None  Other \_\_\_\_\_

Is this the same collar you use on walks?  Yes  No  We don't take walks

If no, what do you use for walks? \_\_\_\_\_

Are you able to maintain control of your dog while on walks? If no, what happens?

Aside from puppyhood, has your dog ever jumped up on someone? If so, what happened? \_\_\_\_\_

How do you feed your dog?  Scheduled  Free-Fed  Other \_\_\_\_\_

How does your dog react to corrections? \_\_\_\_\_

Have you ever, or do you currently use a kennel or crate for your dog?  Yes  No

If so, what do you use the kennel for? \_\_\_\_\_

If your dog isn't kenneled at night, where does he/she sleep at night? \_\_\_\_\_

What goal(s) are you aiming to achieve by participating in a training program with your dog?

Do you have a certain time that the goal(s) need to be met by? \_\_\_\_\_