



Customer Evaluation Information Sheet

Date : _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Emergency: _____

Dog's Name: _____ Breed: _____ Age: _____

How long have you had your dog(s): _____ Hours the dog is alone daily: _____

Times fed daily: _____

Any previous training: _____ if yes, please describe: _____

Type of training desired: Obedience _____ Protection _____ Other _____

Vet Clinic Name: _____ Phone: _____

Is there any medical condition I should be aware of:

Training issue with your pet(s): _____

Housebreaking: _____ Urinates: _____ Defecates: _____

Chews: _____ On what: _____

Jumps: _____ On people: _____ Furniture: _____

Bites: _____ Playfully: _____ Aggressively: _____

Digs: _____ Get in trash: _____

Excessive Barking: _____ Bolts: _____

Aggression: _____ To dogs: _____ To people: _____

Customer Priorities
