

Your Name:	Dog's Name:
Dog's Age & Date of Birth:	Breed (or dominant breeds if mixed):
Dog's Sex: Neutered Male O	act Male O Spayed Female O Intact Female
Your dog's history:	
How old was your dog when he ca	ame to you / how long do you share life with your dog?
From where did you acquire your	dog?
Socialization background of you o	dog?
Your dogs routine:	
Typical exercise schedule (time ar	nd duration and type of activity)
How much off-leash time a day _	
Is your dog crate trained and how	much time does your dog spend inside the crate
How much time does your dog sp	pend with other dogs playing
What is your dog's favorite game	and toy?
Bahasian / Tusinina	
Behavior / Training	v auffavira fram anu illa saca av allavaisa O. Vaa. Na
	r suffering from any illnesses or allergies? Yes No
If yes, please describe:	
horses, triggered by cyclists, separa	I issues that we need to be aware of like (shyness, sensitive to ation anxiety, guarding objectsetc.)? Yes No – If yes,
Has your dog ever snapped or bitten	a person or another dog? Yes No -If yes, please describe:



Dog Owner (print name):	Signature:	Date:
What further question do you have for us:		
What's your learning style: watching a demonstrat learning by doing	ion Olistening	reading (
How much time can you invest daily to train your o		
Are you first time dog owner?		
Are you interested in training your dog yourself? _		
Your training background Are your interested in training your dog yourself?		
What motivates your dog to train		
Cues/ behaviors your dog already knows (e.g. sit,	stay, heel, etc)	
Please name your training goals		
How do you react to these behaviors		
Did you already work with a previous trainer on the	ese behaviors	
Please describe the behaviors you would like to w	ork on	
surfing	_	
Troublesome habits your dog might struggle with (e.g. chews socks,	scratches doors, counter

Thank you. Buddy's goal is to provide a fun and safe environment for your pet.