



Questionnaire

Complete if registering for Puppy Kindergarten or Beginner Obedience

Please mail completed Questionnaire, Class Application, and payment to address indicated at the bottom of the Class Application, or send to lrdbc.info@gmail.com. The Questionnaire helps our instructors become more familiar with your dog before you start class.

If you have questions, contact lrdbc.info@gmail.com

HANDLER INFORMATION	
Name	
Address	
City	
State	
Zip Code	
Home Phone	
Alternate Phone	
E-Mail Address	

How did you find the LRDTTC? Friend _____ Web Site _____ Vet _____ Trained Here Before _____ Other _____

Have you had dog training classes before? _____ Where and when? _____

DOG INFORMATION	
Dog's Name	
Dog's Gender	
Dog's Age	
Is your dog Purebred?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please list breed:
Is your dog Mixed breed?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please list two primary breeds:

DOG QUESTIONS	
Has your dog ever demonstrated any of the listed behaviors?	(check all that apply) <input type="checkbox"/> Growled at you <input type="checkbox"/> Growled at another person <input type="checkbox"/> Snapped at you or another <input type="checkbox"/> Bitten another dog <input type="checkbox"/> Bitten you or another person <input type="checkbox"/> Tried to fight with another dog
If you checked any of the items listed in the previous question, please describe the location in which the event occurred.	(i.e. in your yard, at your house, at the vet's office, etc.)
Does your dog demonstrate any of the listed behaviors in strange places or around unfamiliar people?	(check all that apply) <input type="checkbox"/> Scared / Afraid <input type="checkbox"/> Shy / Withdrawn <input type="checkbox"/> Uncomfortable
Does your dog demonstrate any of the listed behaviors with other dogs?	(check all that apply) <input type="checkbox"/> Friendly <input type="checkbox"/> Outgoing <input type="checkbox"/> Assertive <input type="checkbox"/> Reserved <input type="checkbox"/> Aggressive or hostile <input type="checkbox"/> Timid, shy, or fearful
Are you experiencing any of the listed problems with your dog?	(check all that apply) <input type="checkbox"/> Barking <input type="checkbox"/> Chewing inappropriate items <input type="checkbox"/> House soiling / Potty training <input type="checkbox"/> Digging <input type="checkbox"/> Aggression <input type="checkbox"/> Jumping up on people <input type="checkbox"/> Attitude <input type="checkbox"/> Running away <input type="checkbox"/> Will not come when called
List three things that you would like your dog to learn.	1. 2. 3.
List two problems / behaviors that you would like your dog to correct / learn to manage.	1. 2.

For LRDTTC Use: Class _____