



EVALUATION FORM

Date: _____

Owner/Handler: _____ Dog: _____

Address: _____ Breed: _____

Age: _____

Cell Phone: _____ Health problems: _____

Email Address: _____

How Did You Find Us: _____

How long have you owned this dog? _____

Any prior training? If so, with who: _____

CURRENT ISSUES:

Barking	Digging	Running Away	People Aggression
Chewing	Jumping	House Soiling	Food or Toy Guarding
_____	_____	_____ Dog Aggression	_____ Other (Specify below)

For Office Use Only:

NOTES: ___ TRAINABILITY ___ ANXIETY ___ DOMINANT ___ FEAR
 ___ DISTRACTION ___ TIMID ___ AGGRESSION

SUGGESTED PROGRAM:

- Lessons at training center - cost per lesson \$ _____
- Lessons at home/public - cost per lesson \$ _____
- Leash/collar/remote - cost \$ _____
- Follow up lesson - FREE

EVALUATION FEE: \$ _____ [] Cash [] Check - Check #: _____

[] VISA [] MASTERCARD [] DISCOVER

Credit Card #: _____ EXP DATE _____ CVV CODE _____