

Training Questionnaire

Information and Goals

Dog's Name: _____

Does your dog have any allergies or food sensitivities?

Describe your primary training goal:

What does your dog do well?

Describe any difficulties, reactivity, or fears:

What is one skill you would like to see improved?

Skills

For each of the following skills, rate your dog's knowledge.

Basic Skills

	1 – Doesn't Know	2	3	4	5 – Rocks it
Sit					
Down					
Stay					
Walking on leash					
Come when called					
Wait					
Heel					
Place					

Advanced Skills

	Introduced	Would like to learn	N/A
Distance Down			
Stay with Distance			
Focused Heel			
Tactical Heel			
Recall to Heel			
Place with Distance			