



UPDOG PET SERVICES – TRAINING EVALUATION FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Dog's Name: _____

Age: _____

Sex: _____

Breed: _____

First Time Dog Owner?: Yes / No

Where did you get your dog (name of rescue, store, or breeder): _____

Type of food (wet/raw/kibble?): _____

How did you first hear about us?

- Google Search
- Facebook Ad
- Instagram Ad
- Other Internet Source (please specify) _____
- Local Event or Festival (please specify) _____
- Referral (please name who, if possible) _____
- Local Business (flyer, card, etc.) _____
- Other (please specify) _____

Main Questions or Concerns:

1. Behavioral History:

- Has your dog ever displayed aggression towards people or other animals?

- Is your dog fearful or anxious in any specific situations?

2. What specific behaviors would you like to address or improve during training sessions?

3. How much exercise does your dog typically receive each day?

4. Does your dog live with other pets? If yes, how does your dog interact with them?

5. Health and Medical History:

- Is your dog currently on any medications or supplements?

- Does your dog have any special dietary concerns?

6. Additional Comments or Questions:

- Is there anything else you would like to share about your dog or your training expectations?

We proudly offer a 10% discount to members of the following groups:

- Teachers
- Nurses
- First Responders (Police, Fire, EMT)
- Veterans & Active Duty Service Members
- Seniors
- College Students
- Pet Industry Professionals

Check here if you belong to one of these groups and would like to apply the discount to your training package.

Please note: Proof of eligibility may be required