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
☐ ChatGPT or other AI
☐ 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 (Pre-K through 12th and college)
- Nurses
- First Responders (Police, Fire, EMT)
- Veterans & Active Duty Service Members
- Seniors (65+)
- College Students
- Pet Industry Professionals (veterinarians, vet techs, groomers, dog walkers and pet sitters)

☐ **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