



UpDog Pet Services

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 Hear About Us?: _____

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. Training Goals:

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

3. Exercise and Activity Level:

- How much exercise does your dog typically receive each day?

4. Home Environment:

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

5. Previous Training Experience:

- Have you attended any obedience classes or worked with a dog trainer before?

6. Health and Medical History:

- Is your dog currently on any medications or supplements?

- Does your dog have any special dietary concerns?

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7. Additional Comments or Questions:

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

Veterinarian's Name, Address and Phone #: