



## PRE-TRAINING QUESTIONNAIRE

We understand that this questionnaire is very long, however it gives us a very clear understanding of your dog and its environment which helps us figure out the best direction and training techniques that are best for your dog to remedy any problem you are having. You may also find yourself skipping over a majority of the questions because they simply don't apply. For the questions you do answer, PLEASE BE VERY DETAILED IN YOUR ANSWERS. If you don't know the answer to something it is fine to type in unknown. Thank you in advance!

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Owner's First Name \*

Owner's Last Name \*

Street Address \*

City \*

State \*

Zip Code \*

Home Phone Number ( You must provide at least 1 phone number)

Work Phone Number ( You must provide at least 1 phone number)

Cell Phone Number ( You must provide at least 1 phone number) \*

E-mail Address \*

Emergency Contact Name \*

Emergency Contact Phone Number \*

How did you hear about us? Please be specific we have a referral program. \*

Dog's Name \*

Dog's Breed \*

What made you decide on this breed/mix and this particular dog over other dogs?

Dog's Date of Birth \*

Month

Day

Year



Gender \*

☐

Male

☐

Female

Veterinary Clinic \*

Vet's Name

Vet's Phone Number \*

Is your dog spayed or neutered? \*

☐

Spayed

☐

Neutered

☐

Not Fixed

If your dog is spayed/neutered: At what age were they fixed? Where there any behavioral changes that occurred AFTER being spayed/neutered?

If your dog has been bred in the past: How many litters and how old were they?

How long have you owned your dog? \*

Where did you get your dog? \*

Have you owned dogs before? \*

What do you know about your dog's history? \*

How old was your dog when it was taken from it's mother and litter mates?

Has a temperament test or evaluation ever been done on your dog?

- ☐ Yes
- ☐ No
- ☐ Don

What was the date of your last vet visit and why were you visiting the vet? \*

What is the overall health of your dog? \*

Have you had any blood work done on your dog? If yes, please explain in detail.

Is your dog now taking, or has taken in the past, any supplements or medication? \*

- ☐ Yes  
☐ No  
☐ Don



Does your dog have any allergies? \*

- ☐ Yes  
☐ No  
☐ Don



Has your dog ever been seriously injured before? \*

- ☐ Yes  
☐ No  
☐ Don

Has your dog gone through anything dramatic that effected his/her behavior? \*

- ☐ Yes  
☐ No  
☐ Don

Do you feel your dog has separation anxiety? \*

- ☐ Yes
- ☐ No
- ☐ Maybe/Don

If Yes or Maybe above: What makes you feel that your dog has separation anxiety?

How much alone time does your dog get during the week and the weekend?

How does your dog behave when you are leaving the house?

How does your dog behave when you return home?

Have you moved since acquiring your dog?

- ☐ Yes
- ☐ No

Has your household changed since you have had your dog? Either in terms of people or animals.

- ☐ Yes  
☐ No

What type of home do you live in?

- ☐ House  
☐ Condo  
☐ Townhome  
☐ Apartment



Other

Do you have a secure yard or area that your dog can safely be in?

- ☐ Yes  
☐ No



Other

Do you allow your dog to run free in the yard or do you tie them in the yard?

- ☐ Free Run  
☐ Tied Out



Other

Where does your dog sleep at night?

Are there kids living with your dog?

- ☐ Yes  
☐ No  
☐ Not currently, but yes in the past



Other

How is the dog with your kids?

How are the kid(s) with your dog?

Is your dog potty trained? \*

☐ Yes

☐ No, I am having problems with potty training



Other

If you are having potty problems please explain them in detail

How many times a day does your dog poo?

When does your dog poo?

What brand of dog food are you feeding your dog?

Who feeds your dog and where are they fed at?

Is your dog fed on a Feeding Schedule or do you Free Feed (leave the food out all the time) ?

☐ Feeding Schedule

☐ Free Feed

☐

Other

Do you ever feed your dog at the table?

Do you ever give your dog people food? If Yes, please tell us when and what kinds of people food you feed your dog.

Is your dog crate trained? \*

☐ Yes

☐ No

☐

Other

Does your dog pee when meeting new people or dogs? \*

☐ Yes

☐ No

☐

Other



If Yes above: Please explain in detail what happens when your dog meets new people or dogs.

Does your dog get along with people/strangers? \*

- ☐ Yes  
☐ No

Explain your your dog behaves with familiar and unfamiliar visitors to your home (both children and adults).

Has your dog ever bitten a person? \*

- ☐ Yes  
☐ No

Are there any other animals that live in the same house as your dog? \*

- ☐ Yes  
☐ No  
☐ Not currently, but yes in the past



Other

Does your dog get along with unfamiliar dogs? \*

- ☐ Yes  
☐ No  
☐ Off leash yes but on leash they do not get along with other dogs



Other

If No, Not On Leash, or Other above: please explain in detail how your dog behaves around unfamiliar dogs. \*

Do you feel your dog has leash aggression? \*

☐ Yes

☐ No



Other

If Yes above, Please explain in detail what triggers your dog's aggression on leash. \*

Has your dog ever bitten another dog? \*

☐ Yes

☐ No

Do you take your dog to the dog park? \*

☐ Yes

☐ No



Other

Do you take your dog to Doggie Daycare? \*

☐ Yes

☐ No



Other

If Yes above: Which daycare to you go to?

Does your dog have a licking problem? \*

- ☐ Yes  
☐ No

Does your dog have a humping problem? \*

- ☐ Yes  
☐ No

Does your dog have a jumping problem? \*

- ☐ Yes  
☐ No

Does your dog have a problem with excessive barking or vocalizations? \*

- ☐ Yes  
☐ No

Does your dog have a pulling problem when walking on leash? \*

- ☐ Yes  
☐ No

What do you use to walk your dog? \*

- ☐ Flat Collar  
☐ Head Halter  
☐ Back Clip Harness  
☐ Front Clip Harness  
☐ Prong Collar  
☐ Training/Slip/Choke Collar



Other

How much exercise does your dog get daily? \*

Is the exercise your dog gets:

- ☐ Rigourous
- ☐ Fast Paced Walk
- ☐ Stroll



Other

Do you use a dog walker? \*

- ☐ Yes
- ☐ No



Other

Is your dog pushy or demanding? \*

- ☐ Yes
- ☐ No



Other

If Yes above, Please tell us about when your dog is pushy and/or demanding.

Do you have rules for your dog? \*

- ☐ Yes
- ☐ No

Has your dog had any previous training? \*

- ☐ Yes
- ☐ No

How often does your dog do tricks/commands when you ask?

Will your dog only do the trick/command when you have a treat in your hand?

- ☐ Yes  
☐ No

Does everyone in your household work with the dog on obedience?

\*

- ☐ Yes  
☐ No



Other

Do you discipline your dog and if so how? \*

Have you ever or do you currently use any electronic devices on or with your dog? \*

- ☐ Yes  
☐ No

If yes above, please list the devices below and explain how and why you use them.

How do you play with your dog? \*

Do you play tug with your dog?

☐ Yes

☐ No

What toys do you use to play with your dog?

Is your dog motivated by: (mark all that apply) \*

☐ Food/Treats

☐ Toys

☐ Attention

Other

What are your dog's top 5 favorite things to do? \*

What 5 things does your dog dislike the most? \*

What do you like best about your dog? \*

Please describe your dog's personality in detail:

Are there any current problems with your dog that if not addressed and/or managed will cause you or other family members to give your dog up? \*

☐ Yes

☐ No



Other

If Yes above, Please describe, in detail, the problems that would cause you or a family member to give your dog up

What are you trying to accomplish with training? \*

Is there any other information that you think we need to know?

If you should chose to work with Noble Beast Dog Training, what are the most convenient days and times for you to work with a trainer? \*

