



DOG RESORT • TRAINING CENTER

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## Training Questionnaire

Thank you for choosing Paws & Play Dog Resort & Training Center for your dog's training! Please take a moment to complete the following questionnaire. The information you provide helps us achieve the best possible results for your dog.

### Information

Requested Trainer: \_\_\_\_\_ Weeks: 1      2      3      4  
 Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Family's Name(s): \_\_\_\_\_  
 Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Exit Lesson Time: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

Where did you acquire your dog? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

#### Do you have other pets at home?

Pet 1 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pet 2 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pet 3 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pet 4 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pet 5 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### Do you have kids at home? Or, kids that visit? Please list their ages.

Live at home: \_\_\_\_\_ Visit: \_\_\_\_\_

#### What brand of food do you feed? \_\_\_\_\_

Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

Favorite Treat: \_\_\_\_\_ Favorite Toy: \_\_\_\_\_

Medical Issues: \_\_\_\_\_ Medications: \_\_\_\_\_

#### What activities/exercises do you provide for your dog?

	Daily	Couple of times per week	Once per week	Couple of times per month	Once per month	Couple of times per year	N/A
Walks							
Runs							
Off leash in fenced backyard							
Tie-out in backyard							
Fetch games							
Tug games							
Interactive toys							
Rough housing							
Day care							
Dog park							
Other:							

# Training Goals

Complete the following chart. Specify whether or not the items listed are something you would like worked on or not. Then, rate your top five (1 being the most important).

	Non-Issue	Would like worked on	1	2	3	4	5
Basic Commands							
Advanced Commands							
Commands under distractions							
Jumping							
Barking							
Chewing							
Mouthing							
Pulling on Leash							
Fear							
Anxiety							
Resource Guarding							
Not Coming							
Housebreaking							
Crate Anxiety							
Separation Anxiety							
Socialization (People)							
Socialization (Dogs)							

Do you have a treadmill at home? Yes No Does your dog know how to run/walk on the treadmill? Yes No

What are your short term goals for your dog's training? \_\_\_\_\_

\_\_\_\_\_

What are your long term goals for your dog's training? \_\_\_\_\_

\_\_\_\_\_

Special Notes for Training Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Social Skills

How does your dog react in the following situations with other DOGS?

	Plays	Coexists (no issues but doesn't really play)	Ignores	Nervous (Avoids)	Barks/ Growls	Barks/ Growls & Lunges	Mouths &/or Bites	N/A
In the home								
In the yard								
On leash								
Off leash								
Dog park								
Day care								
Other:								

Has your dog ever been to a Day Care?

If YES:

List facilities: \_\_\_\_\_

Did your dog have any issues during group play? Please explain. \_\_\_\_\_

If NO:

Are you interested in your dog joining group play? Please Explain. \_\_\_\_\_

Has your dog ever caused injuries to another dog? Yes No

*(If yes, this does not automatically make your dog ineligible for group play. Every dog is assessed independently.)*

If yes, please explain. \_\_\_\_\_

How does your dog react in the following situations with PEOPLE?

	Friendly (Wagging tail, seeking petting)	Coexists (Interested but doesn't interact much)	Ignores	Nervous (Avoids)	Barks/ Growls	Barks/ Growls & Lunges	Mouths &/or Bites	N/A
Entering the home								
In the home								
In the yard								
On leash								
Off leash								
Other:								

Has your dog ever caused injury to a person? Yes No

If yes, please explain. \_\_\_\_\_

Select all that apply to your dog for the following situations.

	Wags tail	Ignores	Eats quicker	Stiffens/ Freezes	Snarls/ Growls	Mouths &/or Bites	N/A
<b>Human</b>							
Petting while eating							
Handling food while eating							
Petting while chewing on natural chews*							
Taking natural chews away							
Petting while chewing/playing with toys							
Taking away toys							
Petting while drinking							
Taking water away							
<b>Dog</b>							
Approaching while eating							
Approaching while drinking							
Approaching while chewing on natural chews*							
Approaching while chewing on toys							

\* Natural chews are defined as any chews that come from natural animal products. Examples: knuckle bones, cow hooves, pig's ears, hollow/marrow bones, bully sticks, etc.

**Special Notes for Social Skills:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Behavior

How would you describe your dog's activity/energy level?    Low    Moderate    High    Intense

Does your dog display signs of the following? If so, please explain.

Fear: \_\_\_\_\_  
\_\_\_\_\_

Anxiety: \_\_\_\_\_  
\_\_\_\_\_

Crate Anxiety: \_\_\_\_\_  
\_\_\_\_\_

How often does your dog do the following?

	Never	Rarely	Sometimes	Frequently	Every Time	N/A
Jumps on people while greeting						
Jumps on people in the home						
Jumps on people in the yard						
Barks in the home						
Barks in the yard						
Barks on walks						
Escapes barriers (i.e. crates, fences)						

How often does your dog have accidents in the house? \_\_\_\_\_

Does your dog mouth/play bite with you?    Yes    No

If yes, is this a wanted or unwanted behavior? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your dog display separation anxiety?    Yes    No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Special Notes for Behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Training Tools

Select any training tools that you have tried with your dog and if they were successful or not.

	Yes		No	
	Not Successful	Successful	Not Interested	Interested
Off Leash				
Flat Collar				
Slip Lead				
Martingale Collar				
Gentle Leader/Halti				
Body Harness (leash on back)				
No-Pull Harness (leash on chest)				
Prong Collar/Pinch Collar				
Slip Chain/Choke Collar				
Remote Collar				
Bark Collar				
Plastic/Airline Crate				
Metal/Wire Crate				
Thundershirt				
Calming Spray				

What is/are your current "go-to" tool(s)? \_\_\_\_\_

If you use the following tools, when do you use them?

Crate: \_\_\_\_\_

Thundershirt or calming spray: \_\_\_\_\_

Remote collar: \_\_\_\_\_

Bark collar: \_\_\_\_\_

Special Notes for Training Tools: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Commands and Manners

Does your dog have any previous training?    Yes    No

If yes, where? \_\_\_\_\_

Select all that apply to your dog's responsiveness to the following commands.

	Lure	Hand Signal	Verbal	No Distractions	Mild Distractions	High Distractions	Off Leash	N/A
Their Name								
Sit								
Down								
Stand								
Stay								
Come								
Let's Go								
Heel								
Off								
Leave It								
Take It								
Wait								
Drop It								
Easy								
Quiet								
Place								
Kennel								
Side								
Front								
Back								
Other:								
Other:								
Other:								

How do you discipline your dog? \_\_\_\_\_

Special Notes for Commands and Manners: \_\_\_\_\_

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