



**Private Consultation Questionnaire**

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Other family members- names and ages: \_\_\_\_\_  
 \_\_\_\_\_  
 I was referred by: \_\_\_\_\_

**\*Please complete a separate form for each dog in the home.\***

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender:  Male  Female Is your dog spayed or neutered?  Yes  No  
 Where did you get your dog? \_\_\_\_\_  
 How long have you had your dog? \_\_\_\_\_

**Current Behavior Problems:**

<input type="checkbox"/> doesn't walk well on leash	<input type="checkbox"/> jumps up	<input type="checkbox"/> runs away	<input type="checkbox"/> soils the house
<input type="checkbox"/> chews things up	<input type="checkbox"/> is aggressive to people	<input type="checkbox"/> mouths	<input type="checkbox"/> bites
<input type="checkbox"/> barks	<input type="checkbox"/> gets on furniture	<input type="checkbox"/> is aggressive to dogs	<input type="checkbox"/> will not come
<input type="checkbox"/> fearful	<input type="checkbox"/> steals things	<input type="checkbox"/> will not stay	<input type="checkbox"/> doesn't mind
<input type="checkbox"/> chases/nips people	<input type="checkbox"/> won't settle	<input type="checkbox"/> digs	<input type="checkbox"/> other:
<input type="checkbox"/> other:	<input type="checkbox"/> other:	<input type="checkbox"/> other:	<input type="checkbox"/> other:

What is the primary reason you are seeking professional training?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your goals for training?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[www.SidekickDogWalking.com](http://www.SidekickDogWalking.com)

Train happy.

**History and Lifestyle:**

Has your dog had any prior training? \_\_\_\_\_

What cued behaviors (i.e., "sit") does your dog know?

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Will your dog allow you to:  trim nails  approach food bowl  take an item away

Where does your dog sleep at night?  inside  outside

Describe (free roam, crate, kennel, etc.):

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Where is your dog during the day?  inside  outside

Describe (free roam, crate, kennel, etc.):

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How do you contain your dog when s/he is outdoors?

electric fence  wood/chain fence  crate  kennel  other: \_\_\_\_\_

What does your dog eat?  dry food  natural/raw  wet food

Brand of food: \_\_\_\_\_ When do you feed your dog? \_\_\_\_\_

How much do you feed your dog on a daily basis: \_\_\_\_\_

What toys/treats does your dog prefer? \_\_\_\_\_

What type of exercise does your dog get? \_\_\_\_\_

How often & for how long? \_\_\_\_\_

Does your dog have any medical issues or take any medications?  No  Yes

If yes, please list:

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What else should we know about your dog?

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**Thank you for choosing Sidekick.  
We look forward to working with you!**

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**Train happy.**



**Release of Liability:**

I indemnify and hold Sidekick, Amanda Brothers, Larry Brothers and anyone assisting with training or walking harmless from and against all claims, losses, liabilities and damage to persons or property, fines and attorneys fees arising out of the acts or omissions of this event, lessons, consultation including, but not limited to, advice, recommendations, interactions with instructor, attendees, volunteers and/or animals, while in or nearby where such events, private lessons, consultations, classes or dog walking are held.

Date: \_\_\_\_\_

Printed name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

(must be 18 or older)