



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

Train happy.

History and Lifestyle:

Has your dog had any prior training? _____

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

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.):

Where is your dog during the day? inside outside

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

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:

What else should we know about your dog?

**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)