ANNA Shelter Dog /Human Training Class Participant Questionnaire

Please complete this form before your first session and return it so we can get to know you and your pup before our first class.

Thank you for enrolling in our dog training class! Your answers will help us tailor the program to best meet your needs.

Owner Information

1. Name:
2. Email:
3. Phone Number:

Dog Information

4. Dog's Name:
5. ANNA Alum? If yes, when did you adopt:
6. Breed:
7. Age:
8. Sex (Male/Female):
9. Is your dog spayed/neutered? Current on vaccines?

Training Background

10. Have you or your dog attended any previous training classes? If so, please describe.

11. What are your dog's strengths?

12. Are there any behaviors you'd like to address? (e.g., jumping, barking, pulling on leash)

13. What kind of collar are you currently using?

NO FLEXI LEASHES!

6-foot lead is preferred.

Goals

14. What do you hope to achieve through this class?

15. Are there specific commands or skills you want your dog to learn?

Health and Temperament

16. Does your dog have any medical conditions or allergies?

17. How does your dog react to new people?

18. How does your dog react to other dogs?

19. How does your dog react to other animals (cats, small mammals, birds, etc.)

Additional Comments

20. Is there anything else you'd like the trainer to know?

We look forward to working with you and your dog!

Attending Class Date:

Trainer Notes: