

THE RUFF LIFE

Professional Dog Training

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EVALUATION FOR GROUP DOG TRAINING

Owner's Name: _____ Dog's Name: _____
Breed: _____ Sex: _____ Age: _____
Phone Numbers:
(H) _____ (W) _____ (C) _____
Email: _____ Occupation: _____
How did you hear about us: _____

- 1) Who will be handling your dog in Class? _____
- 2) Do you have time for extra curricular practice? Yes No
- 3) Do you have time to do some foundation training before the second session? Yes No
- 4) Is your dog recovering from any injury or illness? (describe) Yes No
- 5) Is your dog going in for any surgery within the near future? (spay, neuter, etc.) Yes No
- 6) Is/has your dog:
 - a) Fearful of noise Yes No
 - b) Shy/Timid to owner Yes No
 - c) Shy/Timid to dogs Yes No
 - d) Shy/Timid to strangers Yes No
 - e) Shy/Timid to children Yes No
 - f) Aggressive to owner Yes No
 - g) Aggressive to dogs Yes No
 - h) Aggressive to strangers Yes No
 - i) Aggressive to children Yes No
 - j) Aggressive protecting food/toys etc. Yes No
 - k) Ever Bit Anyone Yes No
 - l) Ever Bit Another Dog Yes No
- 7) Does handler have any problems with:
 - a) Hearing Yes No
 - b) Eyesight Yes No
 - c) Mobility Yes No
 - d) Communication (reading/writing) Yes No
 - e) Other (Mental/Physical) Yes NoPlease Explain _____

- 8) To ensure success, are you able to commit to this program 7 days a week until completion? Yes No
 Are there any days within the training program time slot that you CANNOT make? Yes No
 (ie. you are out of town etc). If yes, specify: _____
- 9) Has your dog had previous training? Where? _____ Yes No
 Will your dog sit, down and come consistently for food? Yes No
 Will your dog sit, down and come consistently without the use of food? Yes No
- 10) What type of collar are you currently using? (Please circle).
 FLAT / CHOKE CHAIN / HALTI / MARTINGALE / HARNESS / PRONG COLLAR
- 11) Has your dog ever been corrected with a leash and training collar? Yes No
- 12) On a scale of 1-10, rate your dog for excessive barking or whining? _____
 (1 being low, 10 being excessive)
- 13) Does your dog have a history of bolting? (Running away from owner)? Yes No
- 14) a) Will your dog play with other dogs? Yes No
 b) Will your dog play with dog toy (ie. ball, kong, frisbee, etc)? Yes No
 c) Will your dog play tug-of-war or "rough house" with you? Yes No

The information I have provided is true, accurate and complete to my knowledge.

Date: _____ Signature(s) _____