

K-9 SOL (Socialization, Obedience & Leadership)

OBEDIENCE EVALUATION

Barbara White-Willner

Please fill out, attach vaccination information from your vet & bring with you to your evaluation

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ ZIPCODE: _____

HOME PH: _____ W/C PH: _____

DL#: _____ VET NAME: _____

HOW DID YOU HEAR ABOUT US: _____

YOUR EMAIL: _____

Canine Background Information

DOG NAME: _____ AGE: _____ M / F

Spayed / Neutered If not, why not? _____

Where did you get your dog from? _____

Has your dog had any major health problems in the past? If so, please explain. _____

How long have you owned your dog? _____

What do you hope to accomplish with your dog through training? _____

List the names and ages of the members of your household: _____

Do you have any other pets, and if so, what ages? _____

Have you received any previous training with your dog? If so, please describe briefly. _____

Where does your dog sleep? _____ Is your dog allowed on furniture? _____

What toys does your dog play with? _____

What games do you play with your dog? _____

Put a checkmark by any of the behaviors that apply to your dog:

excessive barking

chewing

housebreaking problems

digging

jumping up

running away

chasing cars, cats, etc.

dog fighter

people aggressive

food & toy aggressive

play-biting

does not listen

Other bad habits: _____

Trainer Notes:

Barbara White-Willner, IACP-CDT

DATE: _____