



Human. Canine. Communication.

## Evaluation Questionnaire

Full Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
Cell Phone Number:	Text messaging OK? <input type="radio"/> Yes <input type="radio"/> No
Email Address:	
Did you adopt the dog or get it from a breeder?	
Please list Rescue or Breeder information:	
Please describe any known history:	
Have there been any changes in the home in the last six months or since the behavior changes?	
What types of behaviors does your dog currently do that you like?	
What behaviors would you like to change?	
What are your goals for your dog in the next three months?	

What are your long-term goals for your dog?
Has your dog ever bitten a person or another animal? If yes, please explain: <input type="radio"/> Yes <input type="radio"/> No
Does your dog have any fears? Please describe them:
Please list any and all anxieties:
Is your dog house and/or crate trained? <input type="radio"/> Yes <input type="radio"/> No
How many humans are in your home?
Please list ages of any children:
How many other animals are in your home?
Type(s)?
Age(s)?
Breed(s)?
How long have you owned each?

Once you've completed this form, please email to [abbemoen@gmail.com](mailto:abbemoen@gmail.com)