

The Chelsea Dog LLC
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419-370-6737
thechelseadogllc@gmail.com

Positive Reinforcement Dog Training
Questionnaire for People

Person Requesting Training; about You:

Name: _____

Address: _____

Phone: _____

Email: _____

Additional Members of the household

Name: Child/Adult/Pet Age Relationship with dog:

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About the dog:

Name

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 Age

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 Breed _____
D.O.B.?

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 Colors/Markings _____

HISTORY

Where did this dog come from? Rescue group? Shelter? Breeder?

When did you get your dog? (how old was it?)

Why did you get this dog?

Have you had dogs before? If yes, briefly describe what you liked or didn't like about those individuals. If No, please explain the nearest experience, was it positive?

POSITIVE NOTES

The dog is happiest when He/She is:

The dog is really good at/ excels in skill at:

The dog makes me HAPPY when He/She is:

SOCIAL

Has your dog ever bitten or attacked a person? If yes, please explain

Has your dog ever bitten or attacked another dog? If yes, please explain

How does your dog react to Strangers in your Home? (Mailperson, UPS)

How does your dog react to Visitors in your Home? (Grandma/babysitter)

How does your dog react to other dogs or people while on a walk?

Does your dog have any fears of loud noises or aggression toward vaccuum cleaners or like objects?

Who is your Veterinarian? _____

Please provide a current vaccination record (attached)

Does your dog have any health concerns? _____
