

(Circle One Class)

Puppy Beginners Intermediate Advanced

Date _____

PET SURVEY for LTCH - NEWTOWN

PLEASE PRINT CLEARLY

Only one handler allowed

HANDLER'S NAME _____

Phone number _____ Email _____

Address _____

Dog's call name _____ Age _____ Weight _____ Sex _____

Breed or breed mix _____

How long have you lived with this dog _____

Have you trained another dog before? Explain _____

Any previous training with this dog? Explain _____

Any behavior concerns? _____

What are your goals for this dog? _____

What activities do you enjoy with this dog? _____

What other family pets do you have? _____

Describe your family (spouse, kids, anyone else in same house) _____

Explain any behavior concerns with family _____

Any other information we should know about this dog _____
