

Moving Mountains Dog Training Behavior Form

(Please complete one for each dog)

Owner(s) & dog's name: _____

What is your primary reason for seeking out training: _____

Where did you hear about Moving Mountains? _____

Where and when did you get your dog? _____

Do you have other pets in the home, if so what kind? _____

How well does your dog get along with them? _____

How would you describe your dog's personality and energy level? _____

Where does your dog sleep at night? _____

Where is your dog kept when home alone? _____

Is your dog crate/kennel trained? _____

Has your dog had any previous training, if so, please describe? _____

How often and for how long is your dog exercised? _____

Do you currently use any tools when walking your dog (martingale, prong, gentle leader, harness)? _____

Is your dog friendly with people? With dogs? _____

Has your dog ever bitten a person or another dog, if so please describe? _____

Does your dog guard objects and/or food from people or dogs, if so please explain?

Does your dog get excited by and want to chase small animals? _____

Does your dog prefer treats, toys, affection other? _____

Does your dog ever act fearful or aggressive, if so please describe? _____

How often does your dog get the opportunity to meet new dogs? _____

How does your dog react when meeting new dogs? _____

Does your dog have any health concerns? _____

What does your dog currently eat? _____

Is there anything else you feel like we should know about your dog? _____
