



### *The Zen Dog Den Client Questionnaire*

Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Is your dog neutered or spayed? \_\_\_\_\_

What is the breed (or breeds if mixed) of your dog? \_\_\_\_\_

How many children live in the home with the dog? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

Does your dog sleep in your bedroom? \_\_\_\_\_ In your bed? \_\_\_\_\_

What other pets live in your home? (Please list the species/name/age and gender of other pets)

Does your dog interact well with other pets? (If no, please give an explanation of any relationship problems between your dog and other pets)

What kind of house do you live in? (single family, townhouse, apartment, etc.)

Do you have a yard? \_\_\_\_\_ Is it fenced-in? \_\_\_\_\_ Do you have an Invisible Fence? \_\_\_\_\_

Does your dog tolerate being crated? \_\_\_\_\_ If so, when do you crate your dog?

---

**Please explain any of the following problems you are having with your dog:**

Is your dog housebroken? \_\_\_\_\_

Is overactive and doesn't settle down easily? \_\_\_\_\_

Mounts people or objects? \_\_\_\_\_

Urinate when excited/afraid? \_\_\_\_\_

Jumps on people? \_\_\_\_\_

Is aggressive towards dogs? \_\_\_\_\_

Growls at family members or new people? (Please explain when & possibly why?)  
\_\_\_\_\_

Is a nuisance barker or whiner? \_\_\_\_\_

Play bites? Mouthing? \_\_\_\_\_

Chews destructively? (If yes, explain when & why) \_\_\_\_\_

Does not come when called? \_\_\_\_\_

Bolts through open doors? \_\_\_\_\_

Guards toys, food, objects, etc.? \_\_\_\_\_

Guards space? \_\_\_\_\_

Is shy? (If yes, explain towards what) \_\_\_\_\_  
\_\_\_\_\_

Stresses easily? \_\_\_\_\_

Pulls on leash? \_\_\_\_\_

Has bitten? (If yes, explain who, why, when, and severity of the bite) \_\_\_\_\_  
\_\_\_\_\_

Sniffs at or eats from counter tops? \_\_\_\_\_

Jumps on furniture he/she shouldn't? \_\_\_\_\_

Has separation anxiety? Containment phobia? \_\_\_\_\_

Digs in the yard? \_\_\_\_\_

Is your dog on any medications? (If yes, please explain type of medication and schedule):

---

**What are your ultimate goals for this training program?**

How did you find The Zen Dog Den? \_\_\_\_\_

***Thank you, we look forward to working with you!***