

# Angels in the Innfield, LLP.

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## Customer Evaluation Form

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

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

Breed: \_\_\_\_\_ Sex: M / F

Spayed/Neutered: Y/N Date: \_\_\_\_\_

Vet's Name: \_\_\_\_\_

Vaccines: \_\_\_\_\_

Does your dog have any health problems? Y / N

Explain: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL QUESTIONS

How long have you owned your dog? \_\_\_\_\_

What do you hope to accomplish with training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Children: Y/N Ages: \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Is your dog allowed on furniture? Y/N

Explain: \_\_\_\_\_

Has your dog had any previous training? \_\_\_\_\_

\_\_\_\_\_

What are your dog's daily activities like? \_\_\_\_\_

\_\_\_\_\_

Methods used to correct or discipline your dog: \_\_\_\_\_

\_\_\_\_\_

Do you have any other pets? Y/ N

\_\_\_\_\_

## Behavior Problems

Please circle yes or no. If yes, please explain.

BEHAVIOR	Y/N	EXPLAIN
Excessive Barking		
Chewing Problems		
Housetraining problems		
Digging		
Jumping up		
Running away		
Chasing		
Play biting (mouthing)		
Food or toy possessive		
Dog aggressive		
People aggressive		
Other bad habits		
Has your dog been previously boarded?		

How well does your dog listen to you?	
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## Program Recommendations

Lesson	Notes	Cost
Private Lessons		
Residency Programs		
Other Counseling or Training		