

Canine Coaches LLC

Class Participant Survey for Manners Classes

Your Name _____ Your Dog's Name _____

Number where we can reach you if class must be cancelled:

Daytime: _____

Evening: _____

Does your dog have any issues the instructor should be aware of? Problems with other dogs/people? Fearful?

How does your dog react to strangers and/or children? Give examples.

What are the two single most important behaviors your dog exhibits you would like to change. Please be specific.

Please rank the following list of behaviors according to how much time you want to spend on them during class (1=most time, 8=least time).

Come when called:	_____	Sit:	_____
Lie Down:	_____	Stay:	_____
Attention on handler:	_____	Walk on loose leash:	_____
Polite Greeting:	_____	Other: (list) _____	

Why did you enroll in this class? Please check all that apply to you. THEN rate the checked reasons from 1 to ?? with 1 being the most important. Reasons without a check or a number are not important to you.

I improve dog's obedience & manners:	_____	Socialize my dog:	_____
Have fun with my dog:	_____	Give my dog activities:	_____
I improve my training skills:	_____	Prepare to compete in dog sports:	_____
Prepare for earning a "Canine Good Citizen" (CGC):	_____	Other: _____	