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.

Improve dog’s obedience & manners: _____  Socialize my dog: _____
Have fun with my dog: _____  Give my dog activities: _____
Improve my training skills: _____  Prepare to compete in dog sports: _____
Prepare for earning a “Canine Good Citizen” (CGC): _____
Other: _____________________________________