



Muncie Obedience Training Club

Family Dog and Family Puppy Questionnaire

Name _____

Class: () Family Dog () Family Puppy

Class starting date _____

Phone _____

Email Address _____

Dog's Name _____

Dog's Breed _____ Age _____

Dog was acquired from () pet shop () shelter () Breeder () Other: _____

How long have you had this dog? _____

Veterinarian _____

Has the dog been spayed / neutered () yes () no

Explain any physical/medical problems of dog, including food allergies _____

Does the person training the dog in class have any physical limitations? _____

Have you attended a dog training class before? If so when/where: _____

What would you like to accomplish with your dog in this class? _____

What are your dog's favorite treats? Toys? _____

What types of problems would you like to see addressed in class?

- Checkboxes for: Growling, Barking, Too attached to me, Nipping, Shy/fearful, Mouthing, Pushy, Guarding toys/food, Not good with dogs, Not listening to me, Excessive energy, Destructive, Aggressive.

How did you find out about MOTC's classes?

- Checkboxes for: Referral by vet/groomer, referral by friend, MOTC website, AKC website, Took a previous MOTC class, Facebook, Other, yellow pages.

Mail Questionnaire, Registration Form and Fee to: MOTC 214 E. Centennial Ave. Muncie, IN 47303 Or drop off at this location Mondays, Tuesdays or Wednesdays 6:30-7:30pm