**“Canine Good Citizen” Class Questionnaire**

Owner’s Name:

Phone Number:

Email Address:

Dog’s Name:

Breed:

Age at start of class:

Gender (spayed/neutered?):

Does your dog have any food allergies?

What training have you and your dog done prior to this class?

How did you hear about this class?

What are you most hoping to work on in this class?