

Pet Business & Service Evaluation Form – Dog Trainer

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? <input type="checkbox"/> FB <input type="checkbox"/> Tw <input type="checkbox"/> Other:
Days / hours of operation: M _____ T _____ W _____ TH _____ F _____ Sa _____ Su _____	
When is payment for services due? Are payment options available? Do fees fit your budget, and are discounts for senior citizens or multi-pet households available?	
Is the trainer: <input type="checkbox"/> Friendly <input type="checkbox"/> Knowledgeable <input type="checkbox"/> Well-organized <input type="checkbox"/> Dependable <input type="checkbox"/> Dressed appropriately <input type="checkbox"/> Flexible (scheduling)	
Is the facility clean, comfortable and well-organized? (if applicable) Is location and parking convenient? (if applicable)	
Are appointments required?	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services including letters of recommendation	
Does the dog trainer have any other specialties? (ie: TTouch, Holistic Remedies, other training, etc)	

Is training done: <input type="checkbox"/> At a facility <input type="checkbox"/> At your home <input type="checkbox"/> Both
Does the trainer provide: <input type="checkbox"/> Individual classes <input type="checkbox"/> Group classes <input type="checkbox"/> Both
Is class size limited to allow for individual attention?
Are there separate classes for puppies and adult dogs?
Are there different class levels (for example, beginner, intermediate, and advanced)?
Are training equipment and methods humane?
Is there a specific method used?
Does the trainer use a variety of methods to meet dogs' individual needs?
Are dogs and owners actively encouraged?
Is praise given frequently?
Are lesson handouts available?
Are the students, both human and canine, enjoying themselves?
Is information available on how dogs learn, basic grooming, problem solving, and related topics?

Evaluation completed by (print name)

Title (job title pertaining to AACOC)

Overall Impression (1 being poor, 5 being excellent)

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5