



We have you scheduled with K-9 Capers on **Tuesday, August 23rd at 2 PM.** Please complete the attached questionnaire and bring it with you.

DUE TO COVID-19, FOR YOUR PROTECTION, WE ARE STILL PRACTICING SOCIAL DISTANCING, HAND WASHING, AND CLEANING WITH SANITIZERS.

We are located at 995 Warren C. Coleman Blvd. SOUTH (north will get you lost).

We offer parking right at our door with wheelchair assessable parking as well. You may see orange or yellow cones for **preferred parking for our clients** as we share the parking lot with another business. *The upfront parking is for you!!!*

Please bring your vet records, 20-30 soft treats, and a regular leash (non-flexi).

The assessment and training session is about an hour and is \$105.

We accept all forms of payment.

My personal cell is [704 791 9888](tel:7047919888) if you should need anything. Please note appointments are **subject to a cancellation fee of \$65** if not rescheduled within 24-48 hours. Please help us keep training prices reasonable by keeping your appointments!

Have a great week!

Our web address is: <http://www.k9caperstraining.com/>



<https://www.facebook.com/K-9-Capers-Dog-Training-Academy-397170750402738/>

Google Map: Google Camp Happy hound for accurate location!

<https://www.google.com/maps/place/>

[CAMP+HAPPY+HOUND+Dog+Daycare+and+Boarding/@35.3816295,-80.5635243,17z/data=!3m1!4b1!4m5!3m4!1s0x88540e19ee39ee2f:0xc1159f49a2b93796!8m2!3d35.3816295!4d-80.5613356](https://www.google.com/maps/place/CAMP+HAPPY+HOUND+Dog+Daycare+and+Boarding/@35.3816295,-80.5635243,17z/data=!3m1!4b1!4m5!3m4!1s0x88540e19ee39ee2f:0xc1159f49a2b93796!8m2!3d35.3816295!4d-80.5613356)

To serve you more effectively, we ask you to complete the following few questions:

Questionnaire for Service Dog Training

Page 1/2. Please print clearly.

Name of patient(and Guardian): _____

Address: _____ State: ___ Zip: _____

Email: _____

Phone Numbers: _____ - _____

Dog's Name: _____ Age: _____ Gender _____

Vet: _____

Breed (or best guess): _____ How long have you had the dog? _____

Where did you get this dog?

What are your training goals for your dog?

Has your dog ever growled at, snapped at, nipped or bitten a person? Please explain.

Has your dog ever injured, fought or shown other aggressive behavior towards animals?
Please explain.

Is your dog shy or uncomfortable in new environments or when meeting new people?
Please explain.

Are there any children in your home? Y or N What are their ages? _____

Does the dog have any health issues or physical limitations? ____ Food allergies? ____

The information you provide will help us identify service dog tasks and training accommodations to meet your needs. We respect the confidentiality of all information you share with us.

1. Please help our trainer understand how your disability impacts your life and how having a service dog would make a difference for you.

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Please list some specific tasks your dog could do to help you.

3. Do you anticipate any changes in your disability that would require additional task training for your potential service dog?

4. Have you ever raised and trained a dog before? If yes, please describe:

Our trainer needs to understand if dog training lessons and techniques need to be accommodated to meet your needs. Dog training often involves the following:

listening to the trainer, participating in a one hour lesson, watching training demonstrations, remembering instructions, bending/crouching/sitting to work with the dog, walking with the dog, pressing a clicker, holding a leash, putting equipment on and off the dog, handing the dog treats, going to different locations to practice, picking up after the dog.

Do you have difficulty with any of these activities? If yes, please circle the impacted activities and explain below.

6. Do you have a caregiver or anyone who is involved in helping you train or care for your dog?

7. Do you have support from a licensed healthcare provider to train your dog as a service dog? Y / N

8. Is there anything else you think our trainer should know?