|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | | | | | | | | |
| First Name: | | | | |  | **Last Name:** | | |  | | |
|  | | | | |  |  | | |  | | |
| Email: | |  | | | | | | | | | |
| Phone: (preferred) | | | | | | | | **Other:** | | | |
| Address: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| City: |  | | | | | **State:** |  | | | **Post Code:** |  |
| Country: | | |  | | | | | | | | |

A close up of a sign

Description automatically generated

Postal Address (leave blank if same as above address)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | | |  | | | | |
|  | | | | | | | |
| City: |  | | | **State:** |  | **Post Code:** |  |
| Country: | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOG DETAILS | | | | |
| DOG’S NAME: | | **DOG”S AGE:** | |  |
| DOG’S SEX: | **SPAYED/NEUTURED:** | | **□** YES □ NO | |
| BREED/ MIX: | | | | |
|  | | | | |
| How did you meet your dog? (breeder, stray etc) | | | | |
|  | | | | |
| How Long has your dog been with you? | | | | |
|  | | | | |
|  | | | | |

|  |  |
| --- | --- |
| DOG MEDICAL HISTORY: | |
| MEDICATION: □ YES □ NO | |
| If yes, what and for how Long? |  |
|  | |

|  |
| --- |
| Is your dog injury prone/ recovering from any past injuries? |
| If yes, please explain |

|  |
| --- |
| DOG BEHAVIOUR |
|  |
| What are your top 3 behavioural concerns for your dog? |
|  |

|  |
| --- |
| What incident has prompted you to seek help at this time with your dog? |
|  |

|  |
| --- |
| Have you worked with a professional dog trainer previously? □ YES □ NO |
|  |
| (If Yes please tell us more about the experience and if there is any important, we should know) |

**DOG BEHAVIOUR DETAILS:**

1. **What training are you interested in?**

**□** Animal Assisted Therapy Training

**□** Animal Assisted Therapy – Professional Development Program

**□** Re-certification Training

□ Group Training

□ Private Training

1. **I have reviewed the courses pricing and details on the website**

□ YES

1. **How does your dog respond to strangers when they enter your household?**

**□** Ignores

□ Jumps on them (in a friendly way)

□ Growls/Barks while going towards them.

□ Goes to them excitedly (in a friendly way)

□ My dog would bite people if I did not restrain them

□ Other

1. **How does your dog respond to strangers when they meet them away from your house (e.g. public place, park, etc.)?**

**□** Ignores

□ Jumps on them (in a friendly way)

□ Growls/Barks while going towards them.

□ Goes to them excitedly (in a friendly way)

□ My dog would bite people if I did not restrain them

□ Other

1. **What area’s does your dog need assistance with?** (Check all that apply)

**□** House Breaking

□ Digging & Chewing

□ Pulling on leash

□ Bolting out the doors

□ Stealing Things

□ Mounting people

□ Misbehaving in the car

□ Forgetfulness and shyness

□ Begging

□ Whining

□ Biting/nipping

□ Counter surfing

□ Doesn’t listen

□ Play biting/mouthing

□ Running away

□ Jumping on people

□ Excessive barking

□ Overprotective

□ Separation anxiety

□ Crate Training

□ Growling

□ Possessiveness

□ Eats Feces

□Over – activeness

□ Food Aggression (guards their food/ takes the food other dogs and humans)

1. **How do you feed your dog?**

□ Free Food (always available)

□ Specific times

1. **What brand of food do you feed your dog?**
2. **Where does your dog sleep?**

□ In a crate

□ In a family members bed

□ In their dog bed (not confined)

□ Outside of house

□ Other

1. **What percentage of the day does your dog spend inside?**
2. **Is your dog crate trained?**

□ Yes

□ No

1. **Does your dog like to ride in the car?**

□ Yes

□ No

1. **In the car do they ride:** (check all that apply)

□ In a crate

□ Loose

□ In a seatbelt/ harness

1. **How do they behave while in the car?**
2. **What type of daily exercise does your dog get?**
3. **Do you walk your dog?**

□ Yes

□ No

1. **Does your dog pull on the leash?**

□ Yes

□ No

1. **What kind of leash/collar/ equipment to you use/ have used in the past?**

□ Off leash

□ Head Collar (Halti, Gentle Leader etc.)

□ Chain collar

□ Remote/electronic collar

□ Harness (leash attaches to back)

□ Harness (leash attaches to chest)

□ Belt collar (regular flat collar)

□ Prong collar

□ Perimeter collar (electric collar to keep dog on property)

1. **When you walk your dog and they see another dog, do they:**

□ Ignores the other dog

□ Growls & show aggression

□ Wag their tail in playful manner and want to play

□ Shows some interest but keeps walking

□ Growls and tries to get away or behind you

□ Pull hard to get to the other dog (Aggressively)

□ Other

1. **When you walk your dog and they see a cat or other animal, do they:**

□ Ignores the cat/other animal

□ Growls & show aggression

□ Wag their tail in playful manner and want to play

□ Shows some interest but keeps walking

□ Growls and tries to get away or behind you

□ Pull hard to get to the other dog (Aggressively)

□ Other

1. **What kind of ‘patient’ is your dog at the vet? (check all that apply)**

□ Great – the vet can do anything to them

□ Scared – he stands very still, and his body is stiff

□ Doesn’t like it- has growled and snapped

□ A little nervous, but behaves for exams

□ Terrified – urinates/ defecates

□ Hates it – must be muzzled.

□ Other

1. **Does your dog allow you to examine them? (check teeth, ears, feet etc)**

□ Yes

□ No

□ Sometimes

1. **Does your dog allow you to groom them? (clip their nails, brush them etc)**

□ Yes

□ No

□ Sometimes

1. **What happens we you try to interrupt your dog while they are eating? (check all the apply)**

□ They don’t care

□ They try to eat more quickly

□ They freeze over their bowl

□ Growls, snaps or bites

□ Not sure

1. **Does your dog allow you to take away a highly prized item? (sock, toy, bone etc.)**

□ Yes

□ No

□ Not Sure

1. **Do you discipline your dog?**

□ Yes

□ No

□ Sometimes

1. **How does your dog react to discipline? (check all that apply)**

□ Acts submissively

□ Cowers

□ Ignores

□ Retaliates

1. **Has Your dog ever had obedience training?**

□ Yes

□ No

If yes, please describe. (group classes, private lessons etc.)

**XXIIII. Are You opposed to using any of the following training tools? (check all that apply)**

□ Treats

□ Clicker

□ Head collar/ halter

□ Chain collar

□ Prong collar

□ Electric collar

If oppose to a particular tool it is because? (check all that apply)

□ I had a bad experience

□ my dog had a bad experience

□ I heard it was a bad tool

□ I’m afraid I’ll hurt my dog

□ It seems complicated.

**XXIIIIII. What commands does your dog know and preform consistently?**

**XXIIIIII. What motivates your dog? (check all that apply)**

□ Food

□ Affection/Praise

□ Toy

□ Play

□ Not sure

**XXIIIIIII. Please list all (human) household members and ages of children living with your dog?**

**XXIIIIIIII. Please list all animals in your household and their ages. Also list if your dog “gets along” with each animal.**

**XXIIIIIIIII. Has your dog ever gotten into a fight with another dog.**

Please briefly describe circumstances

1. **Was either dog injured?**

□ Yes

□ No

1. **If yes, did injuries require vet attention?**

Please describe