

Consult Questionnaire for



Date:

Sex: M/F

Age:

Dogs birthday:

Vaccination certificate C3 C4 C5

Breed:

Is your dog desexed? Y/N

Age dog obtained:

Trainer:

Your Name:

Address:

Email address

Phone:

Children's names and ages:

Do you know your dogs history prior to living with you? Breeder / Pet Shop / Shelter / Friend

Please specify name of breeder/shop:

Why did you choose this breed?

How much time does your pet spend inside? 10 - 25% 25 - 50% 50 - 75% 75 - 90% 90 - 100%

What food are you feeding your dog (please include brand)?

Does your dog have any medical issues/allergies?

Is this your first dog? Yes / No Do you have other pets?

Does your dog: (please circle all that apply)

jump on mouths at hands/clothes or body bark at you toilet in the house
toilet on the bed bark in the car go off leash go to the park chew your things
growls at other dogs mount/hump other dogs or people has never met another dog goes for walks
plays with toys bites your pants urinates when scared or excited

Has your dog shown any forms of aggression towards humans? Y/N

Has your dog attended training? If Yes Where?

How much exercise does your dog get and what kind of exercise?

Areas that need addressing - (list by your level of importance)

What do you wish to achieve:

Have you had any recent changes in your routines, ie baby, moved house, new flatmate?

Have you noticed any changes in your dogs behaviour?

Please tell us how you heard about us;

Your vet / Google search / Lucky Pet / Word of mouth / Completed our course before Other

Do you give us permission to use your pups photo on our websites / facebook ? Yes / No

Owners Signature: