THE CANINE BEHAVIOUR ACADEMY

INITIAL CONSULTATION QUESTIONNAIRE

Thank you for completing this questionnaire. This information will assist me in preparing for our training class. Please return your completed questionnaire to [janewild.caninebehaviour@gmail.com](mailto:janewild.caninebehaviour@gmail.com)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INFORMATION ABOUT YOU** | | | | | |
| Your Name: | | | | |
| Located in/near | Braidwood: | Bungendore: | | Canberra: |
| Phone number: | | | | |
| Email address: | | | | |
| Have you attended formal dog training before with this dog or another dog?  How many years ago? | | | | | |
| Which of the following best describes the property you and your dog live on? | | townhouse/ house/ rural/ working farm | | | |
| **INFORMATION ABOUT YOUR DOG** | | | | | |
| Dog’s Name: | | | | | |
| Breed: | | | | | |
| Sex: | Desexed: | | Age: | | |
| Where did you obtain your dog from? | | Breeder/ Rescue / Pet shop / Other | | | |
| What best describes your dog: Thoughtful Thinker / Go- Getter | | | | | |
| Thoughtful Thinker  A select group of good friends  Happy to watch from the side lines  Likes the familiar  Settles down easily  Take mistakes to heart  Cooperative, caring sometimes stubborn | | Go-Getter  Friends with everyone  Learns by trying and making mistakes  Comfortable in new situations  Constantly on the move  Trying is fun  Engaged, observant and sometimes distracted | | | |
| Does your dog have any medical conditions that may impact training? If “Yes”, please describe the condition(s): | | | | | |
| Is this your only dog? Please specify age and breed of immediate fur family? | | | | | |
| When you are home, is your dog usually: | | outside / inside / some of both | | | |
| When your dog is left alone, they are: | | outside / inside / some of both | | | |
| Has your dog ever growled, lunged, or bitten a **person** (other than normal puppy mouthing)?  Please describe the incident and frequency: | | | | | |
| Has your dog ever growled, lunged, or bitten another **dog**?  Please describe the incident and frequency: | | | | | |
| What worries or frightens your dog? i.e. running water, storms, cars, skateboard.  Please describe. | | | | | |
| What does your dog try to avoid? i.e. people in hats, men with beards, drain grates, big dogs, cattle. Please describe. | | | | | |
| Which of your dog's behaviours would you most like to improve? | | | | | |
| What would you like to gain from training? | | | | | |

What best describes your dog ?(**BOLD** or CIRCLE the following which apply)

|  |  |  |
| --- | --- | --- |
| Barks excessively | Chews/destroys things | Digs excessively |
| Does not come when called | Likes retrieving | Pulls on lead |
| Doesn’t bark much | Won’t retrieve items | Ignores requests |
| Unsettled in car | Sits in front seat of car | Is calm in car |
| Enjoys walks | Not house trained | Housetrained |
| Enjoys games | Chews toys only | Chases things |

How does your dog interact with people? (**BOLD** or CIRCLE the following which apply)

|  |  |  |
| --- | --- | --- |
| Likes to be with you a lot | Becomes overexcited/barks | Aggressive toward people |
| Likes children | Anxious when alone | Likes being handled |
| Likes new people | Plays too roughly | Dislikes being handled |
| Jumps on people | Dislikes children | Attention seeker |
| Dislikes people in hats etc. | Suspicious/shy with strangers | Nips at hands, feet or clothes |

How does your dog interact with other dogs? (**BOLD** or CIRCLE the following which apply)

|  |  |  |
| --- | --- | --- |
| Aggressive toward other dogs | Plays too roughly | Likes other dogs |
| Worried about other dogs | Growls at other dogs | Barks at other dogs |
| Lunges at other dogs | Stares at other dogs | Don’t know |