

Consultation Registration

BASIC HISTORY QUESTIONNAIRE

Please complete the pages below as accurately as possible.

1. Dog's name	
2. Your name	
3. Acquired where from and what age?	
4. Address	
5. Home phone #	
6. Mobile phone #	
7. Work phone #	
8. Email address Are you on Facebook? Y N	
9. Breed of Dog	
10. Sex of dog	
11. Dog's date of birth	/ /
12. Dog's age at completion of this questionnaire	_____ months
13. Has this dog been neutered?	Yes / No
14. How old in months was the dog when neutered	_____ months
15. What was the reason for neutering?	
16. Any behavioural changes after neutering?	Yes / No If yes, what?

17. Has this dog been used for breeding?	Yes / No
18. If you have not bred this dog, do you plan on breeding him or her?	Yes / No
19. Any behavioural changes after breeding?	Yes / No If yes, what?
20. Has this pet had other owners?	
21. How long have you had this dog?	months
22. Why did you get this dog?	
23. When was your dog last vaccinated?	
24. When was your last complete veterinary check up?	
24. Does this dog have any physical problems that your veterinarian has noted?	Yes / No If so what specifically
25. Is your dog taking any medication for the medical problems listed above?	Yes / No If so what specifically
26. Is your dog taking heartworm prevention?	Yes / No What brand
27. Is your dog taking flea or tick prevention?	Yes / No What brand
28. What food (brand names, amounts, and schedules) is your dog fed?	
29. What treats is your dog fed (brand names, amounts, and schedules)	
30. Does your dog get anything else to eat?	Yes / No If so what specifically
31. How is your dog exercised?	Is this dog: Allowed to free run unsupervised Yes No Fenced kennel run Yes No Leash walked Yes No

32. How many walks does your dog get daily, and how long are these walks?	# walks average length in minutes
33. How many play sessions does your dog get daily?	
34. How many training sessions does your dog get daily?	
35. How often is your dog groomed?	
36. Where is your dog left when you leave him or her alone?	Free in house Free outdoors Indoor kennel / run Outdoor kennel / run Crate indoors Crate out door or garage Behind a gate or door in house Other please specify
37. What kind of living situation do you have?	Apartment Townhouse House with small yard House with large yard Farm
38. Has your household changed since acquiring this pet?	
39. Why did you choose this specific breed?	
40. Have you owned this particular breed before?	Yes / No
41. Have you owned a dog before?	Yes / No
42. Where does your dog sleep?	In your bed On its own bed in your bedroom In its crate in your bedroom On its own bed in another room On the floor next to your bed In another room where ever it wants In another room because it is locked from your bedroom Anywhere it wants Other (please specify)

43. What is your dog's obedience /training history?	No school trained yourself Puppy School Group lessons - basic Group lessons advance Private trainer at house Private trainer - sent to trainer Agility Flyball Specialty training (hunting, herding, etc.) please specify
44. Age when your dog started lessons/ training	months
45. How did the dog do at previous training?	
46. Who took the dog to training?	
47. Which school/ club did you attend?	
48. Does you dog have any obedience titles?	Yes / No
49. How well does your dog do with the following exercises?	Sit Stay Down Wait Walking on lead Fetch Leave it / drop it Take it Others please specify
50. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.	

Please tick each box, which you feel applies to your dog:

Aggressive

Barks excessively
Chews inappropriate objects

Destructive

Does not come when called
Digs excessively
Anxious when alone
Excess energy
Likes other dogs
Likes new people
Suspicious of strangers
Aggressive to other dogs
Independent
Inappropriate biting

Fearful of water /noise /storms

Fearful of other dogs

Dislikes grooming
Jumps on people

Likes to retrieve

Likes to chase
Difficult to toilet train
Pushy
Pulls on lead
Suffers car sickness
Unruly in car
Stubborn
Plays too rough
Likes/tolerates children
Attention seeking

Fussy about food

Where did you hear about us?

BEHAVIOUR PROFILE

Please complete the following pages as accurately as possible.

Describe the behaviour(s) you are concerned about.

When does this behaviour occur?

Who is present when the behaviour occurs?

Are there times when the behaviour is not a concern?

What is happening just before the behaviour?

Can you bring on the behaviour by doing something?

What usually happens immediately after the dog engages in the behaviour?

How do you react? Petting? Scolding?

What do family members or observers do when the behaviour occurs?

Is the dog getting rewarded for the behaviour?

Is the dog getting out of doing something with this behaviour?

Any further information.

Terms & Conditions

I understand and agree to take part in training with It's Not About The Dog! under the following conditions:

1. I shall be responsible for my dog's behaviour whilst training with It's Not About The Dog!
2. I shall indemnify you and/or any third party against any loss, damage or injury against which you and/or any third party might suffer directly or indirectly as a result of my dog or myself attending It's Not About The Dog!
3. Payment is required 7 days prior to appointment day.
4. I understand that 24 hours notice must be given of cancellation of a consultation/lesson or the full fee will be charged.
5. To secure your appointment payment must be made no later than 7 days prior to your 1st lesson/consultation
6. Payment is non-refundable unless 7 days notice is given.
7. If a cancellation is made more than 7 days of commencement of a program, a full refund will be given minus \$30 for an administration fee.

Signed: _____ Date: _____

I give consent to joining our Mail chimp mailing list for newsletters, promotions and K9 parenting advice.

Yes No

Upon completion of this form please email back to email:
info@itsnotaboutthedog.com.au

Date of consultation: TBC

Cost: includes training manual + optional written training modification program

Payment:

Direct Debit Payment

Bank: Westpac Morningside

Account Name: Zigrid Phillips

BSB: 034 -058

Account Number: 136870