

CLIENT & DOG PROFILE - PRIVATE CONSULTATION

About you and your home

1. Name :
2. Address : Postcode:
3. Phone : Mobile: Fax:
4. Email :
5. What age of adults living in your home and how many? 18-25 25-35 35-50 >50
6. What age children do you have at home and how many? 0-5 5-10 10-14 >14
7. Has your household (people or animals) changed since acquiring your dog? If "yes", please describe:
.....
.....
8. What type of area do you live in?
 City/Town Suburbs Rural
9. Which of the following best describes the property you and your dog live on?
 Apartment - studio or 1 bedroom Apartment - 2+ bedrooms House and an average yard
 Property (up to 5 acres) Farm Other
10. Have you moved since acquiring your dog? Yes / No If "yes":
(a) How many times? (b) When was the last move?

About your dog

1. Name : Breed:
2. DoB/Age : Weight: Height:
3. Age of dog when obtained: Sex: Male / Female
4. Number of litter mates (if known): Males: Females:
5. How many dogs did you have to choose from?
6. Why did you decide to acquire a dog?
7. Why did you select this breed?
8. Why did you choose this particular dog over the others and who chose this dog?
.....
.....

9. Where was your dog obtained?

- Pet shop Breeder - Newspaper/magazine Ad Breeder - Referral Shelter/Pound Stray
- Other (eg. friend, inherit the dog from a deceased relative)

10. Did you meet your dog's parents? Mother: Yes / No Father: Yes / No

11. Has this dog had other owner(s)? Yes / No If "yes", how many?

12. Why was the dog given up?

13. Have you owned dogs before? Yes / No If "yes", how many and how old were you when you had them:

14. If you answered "yes" to the above question, what happened to your last dog(s)?

15. Have you owned other pets in the past? Yes / No If "yes", what type?

16. Please list any other pets currently living in your household:

17. Does your dog get along with them?

18. If you have other dogs at present, what breed, sex, and age are they?

- 1 Desexed? Yes / No
- 2 Desexed? Yes / No
- 3 Desexed? Yes / No

Physical and Medical Issues

1. Who is your usual veterinarian:

2. Is your dog desexed? Yes / No If "yes":

- (a) At what age was your dog desexed?
- (b) What was the reason your dog was desexed?

3. Were there any behaviour changes after your dog is desexed? Yes / No If "yes", please describe:

4. Is your dog current on vaccination? Yes / No - If "yes", when was the last vaccination

5. When was your dog's last veterinary exam and what was the issue (eg. yearly check up, dental problem, etc)?

6. Does your dog have any current or history of medical conditions (e.g. hearing or eyesight problem) Yes / No
If "yes", please specify
7. Is your dog on any flea, tick, worm and/or heartworm prevention medication? Yes / No If "yes", please specify
8. Was your dog on any other type of medication in the past? Yes / No - If "yes", please specify
9. Is your dog on any other type of medication now? Yes / No - If "yes", please specify
10. Does your dog have food or other allergies? Yes / No - If "yes", please specify
11. Has your dog ever been bred? Yes / No
(a) If "yes", how many times?
(b) If "no", are you planning to breed? Yes / No / Unsure
12. If you have an entire female, when was her last heat?

Feeding, Treats and Chew Items

1. What type of food is your dog being fed? (incl. brand name)
2. What types of treats, cookies or chew items does your dog get, and how often?
3. How many times a day is your dog fed?
4. If feeding on a schedule, at what hours is your dog fed?
5. Does your dog eat right away and finish the entire meal? Yes / No - If "no":
(a) How long do you usually leave the meal out?
(b) What is your dog's eating ritual? (eg. eat, play, then finish the meal an hour later)
6. Where is your dog fed, and who is nearby when he eats?
7. Who does the feeding?
8. Where is your dog when *you* eat?

9. Does your dog get "people food", including table scraps? Yes / No

If "yes", do you feed scraps from the table? Yes / No

Daily Activity

- 1. When you're at home, is your dog: Outside Inside Some of both Other
- 2. When he is left alone, is your dog: Outside Inside Some of both Other
- 3. If your dog is inside when you go out, does your dog have access to the whole house? Yes / No
- 4. If you answer "no" to the above question, where is your dog when he is alone in the house? (eg. kitchen)
.....
- 5. In one day, what percentage of time does your dog spend inside vs outside? hr inside hr outside
- 6. How many hours per day does your dog spend alone?
- 7. Where does your dog sleep? Outside Inside, where Other
- 8. Where is your dog when you have guests in the house?
Why?
- 9. Is your dog allowed on the furniture? Yes / No - If "yes", please specify (eg. sofa, bed, etc)
- 10. Where does your dog eliminate?
- 11. How many times a week does your dog go for a walk on a leash? How long each walk last?
- 12. How many times a week does your dog have a free run in off-leash area with other dogs?
- 13. The main carer of this dog is:
- 14. How does your dog behave when you are leaving the house?
- 15. How does your dog behave when you return?
- 16. How does your dog behave with familiar visitors?
- 17. How does your dog behave with unfamiliar visitors?

Training

- 1. Have you ever attended dog training with any dog before? Yes / No
If "yes", was the training with: this dog another dog
- 2. Which of the following have you used whilst training your dog(s)?
 - Choker/check chain Standard collar Electronic collar Citronella collar
 - Harness Head halter Food Toys
 - Petting Praise Play Punishment
 - Other (please describe)

3. Have your dog had any previous training (eg. puppy class, basic obedience)? Yes / No If "yes", please specify:

- The type of training and where:
- Who did the training (eg. yourself, your partner):
- Describe familiar cues (eg. sit, down/drop, etc):

4. Which of the following equipment have you used with this dog?

- | | | |
|---|---|---|
| <input type="checkbox"/> Standard collar and lead | <input type="checkbox"/> Check/choker/slip collar | <input type="checkbox"/> Head halter |
| <input type="checkbox"/> Back attach harness | <input type="checkbox"/> Front attach harness | <input type="checkbox"/> Martingale/limited slip collar |
| <input type="checkbox"/> Citronella collar | <input type="checkbox"/> Electronic collar | <input type="checkbox"/> Invisible fence |
| <input type="checkbox"/> Remote | <input type="checkbox"/> Prong collar | |

5. What tricks does your dog know? (eg. roll over, beg)

6. Who will be responsible for training your dog?

General Information

1. Has your dog ever growled at, lunged at, or bitten a **person** (adult/child), other than normal puppy mouthing?

Yes / No If "yes", please describe the incident(s)
.....
.....

2. Has your dog ever growled at, lunged at, or bitten other **dog**? Yes / No If "yes", please describe the incident(s)

.....
.....

3. Can ALL family members handle the dog physically? Bathe him? Trim nails? Yes / No If "no", please specify:

.....
.....

4. What is your dog's favourite activity?

5. What is your dog's least favourite thing?

6. Do you play with your dog? Yes / No If "yes", what kind of play? (eg. tug of war, fetch)

.....
.....

7. What sort of toys does your dog have? (eg. kongs, frisbee)

.....
.....

8. Name three of your dog's favourite toys or games

.....
.....

9. What is your dog's activity level in general? Low Average High Excessive

10. Please tick (✓) the methods you currently use when interacting with your dog

Method	Often	Occasionally	Rarely/Never
Treats or toys to reward your dog			
Praise or petting to reward your dog			
Verbal punishment for "bad" behaviour			
Physical punishment for "bad" behaviour			
Cues or signals to ask for behaviours			
Lure or targets to teach behaviours			
Physical positioning to gain behaviours			
Talk to your dog often			
Play roughly with your dog			
Reassurance when your dog is nervous			

11. Please tick (✓) which best indicates how often your dog performs the following behaviours

Behaviour	Usually	Occasionally	Rarely/Never
Accept approaches from friendly strangers			
Sit politely to greet friendly strangers			
Be sociable with, or able to ignore, other dogs			
Settle quickly when required			
Respond to name and give eye contact			
Sit on first request			
Lie down on first request			
Stand on first request			
Come when called on first request			
Stay in position for about 10 seconds			
Leave low level distractions when requested			
Walk on a loose lead most of the time			
Heel/walk close for about 5 steps			

12. How does your dog interact with other dogs?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Aggressive toward other dogs | <input type="checkbox"/> Plays too roughly | <input type="checkbox"/> Avoid other dogs | <input type="checkbox"/> Barks at other dogs |
| <input type="checkbox"/> Worried/fearful of other dogs | <input type="checkbox"/> Growls at other dogs | <input type="checkbox"/> Lunges at other dogs | <input type="checkbox"/> Stares at other dogs |
| <input type="checkbox"/> Relaxed around other dogs | <input type="checkbox"/> Mount other dogs | <input type="checkbox"/> Plays nicely | <input type="checkbox"/> Don't know |

13. How does your dog interact with people?

- Aggressive toward people Becomes overexcited Lick people's face Mount people
- Likes being handled/touched Dislikes being handled Dislikes children Jumps on people
- Bites at hands, feet or clothes Happy to be left alone Plays too roughly Attention seeker
- Suspicious/shy with strangers Likes to be with you a lot Anxious when alone Dislike children
- Happy when meeting strangers Happy around children Snap at people's heel Paw at people
- Dislikes people in hats, sunglasses, coats or other items of clothing

14. How does your dog interact with the environment?

- Worried about sudden/loud noises Doesn't like water Worried about storms
- Worried about bikes/skateboards Worried about traffic Worried about wind

15. Please tick every box which you feel describe you dog

- Barks excessively Chews/destroy things Digs excessively Likes retrieving
- Pulls on lead Does not come when called Unruly in car Chases things
- Housetrained Won't bring retrieved items back Sit in front seat of car Enjoys walks
- Not house trained Chews his/her toys only Doesn't bark much Enjoys games
- Is calm in the car Doesn't like car rides Ignores requests Crate trained
- Greedy/loves food Uninterested in food/bones Uninterested in toys Incontinent
- Cranky when/if you remove toys or bones. If "yes", give details

16. Which of the following do you feel describes your dog's overall character?

- Pushy Independent Stubbor Has excess energy Destructive Timid/shy
- Confident Likeable Playful Nervous Protective Anxious

17. Which of the following describes how you feel about your dog at present?

- Frustrated Annoyed Confused Resentful Frightened
- Proud I love my dog I like my dog I tolerate my dog Angry

Problem Behaviour

1. What is the main problem behaviour that you want to resolve? Please describe what happens instead of what you *think* happens, eg. "my dog growls when I try to take his bone" instead of "my dog is protective of his food"
.....
.....
2. What would you like the dog to do instead? Eg. drop the bone when asked
3. When did the behaviour first manifest?

4. Were there any changes in the household at the time the behaviour first manifested? Eg. you had a baby, a new puppy, a new partner who moved in, moving house, etc
5. What is the frequency of the problem? Ie. how many times daily/weekly
6. Under what specific circumstances does this behaviour occur? Eg. everytime I try to take his bone or only when he's eating it and not when the bone is lying around
7. In what location does the behaviour usually occur? Eg. backyard, kitchen, on the dog's bed
8. Who is present when the behaviour occurs?
9. Has the frequency of the behaviour increased, decreased or remained the same? Please be specific, eg. my dog used to growl only when the bone is on his bed but now he growls everytime
10. Has the intensity of the behaviour strengthened, weakened or remained the same? Please be specific, eg. it used to be low, soft-pitched growl but now it's growl-bark and he's barring his teeth as well
11. When was the most recent incident? Please give details of what happened
12. What prompted you to seek help at this time? Eg. my dog almost bit my child
4. Have you seek help before to resolve the problem? Yes / No If "yes":
 - (a) Who did you see and when was this?
 - (b) Did the behaviour escalate, weaken or remain the same afterwards?
5. If you answer "no" to question no. 4, what have you done to address this problem so far?
6. How do you discipline your dog for this or any other problems?

7. How much time and effort are *you* willing to spend on resolving this issue? Eg. I work full time and have 3 kids so I really don't have much time to train my dog
8. Are other members of your household committed to resolving this issue? Eg. my husband wants the dog out of here but my kids love him
9. Have you considered the options, should the issue not be solvable? Eg. I would give up my dog to shelters or I would keep the dog but he would have to live outside in the kennel, away from my kids
10. Please list other problem behaviours that your dog has and the frequency (ie. how many times daily/weekly)
- (a) Frequency:
- (b) Frequency:
- (c) Frequency:

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 Where did you find out about Pawfect Pooch Dog Training?

- Google True Local/Yellow Pages Recommended by a friend Breeder
- Urban Animal magazine APDT website Delta Society Australia website Other trainer
- Vet Clinic, which one
- Pet Shop, which one
- Other, please specify
- =====