Training Questionnaire

*Once you have fully read and agree to the terms and conditions of booking, please complete this form honestly and in as much detail as you can.*

Please return your completed form to: info@juvo-ab.co.uk at least three days prior to your appointment.

1. How did you find out about Juvo Animal Behaviour?

**About You**

1. Full name:
2. Address:
3. Daytime telephone number:
4. Evening telephone number:
5. Email:
6. Do you require any communication support? (e.g. British Sign Language, text type):
7. Do you have any medical or mobility requirements that I need to consider during our sessions?
8. Please explain the reason for contacting me about your dog. If there is more than one reason, please number them in order of importance to you with number 1 being the most important:

**About Your Dog**

1. Name:
2. Breed (if cross, list any breeds known):
3. Sex: Male / Female – Intact / Neutered
4. Date of birth (if unknown, please estimate):
5. How would you describe your dog’s personality?
6. Name of vet practice:
7. Is your dog currently on any medications? (If yes, please provide name and dosage):
8. Has your dog ever been on any medication for his/ her behaviour? (If yes, please provide name and dosage):
9. Known medical history and operations:
10. Have you seen anyone previously regarding your dog’s behaviour?
11. If so, who did you see and what advice were you given that you can recall?
12. Have you ever attended training classes with him/her? Yes / No
13. How did your dog do in class? - Very well/ average/ poor/ not sure/ was asked to leave
14. How do you stop your dog from doing something you don’t want him/her to do?
15. Do all family members do the same?
16. How do you respond when s/he does well?
17. Does your dog have any known fears or things s/he dislikes?
18. Please list and rank (1 = favourite) three **edible items** your dog is most fond of:

1.

2.

3.

1. Please list and rank (1 = favourite) three **toys, items or activities** your dog is most fond of:

1.

2.

3.

1. Do you employ the services of a dog walker or sitter? (If yes, how often and how do they manage your dog?)
2. Is your dog protective of food?
3. Has your dog ever bitten or anyone?
4. Has your dog ever shown aggressive behaviour (growling, snarling, snapping or biting) to any member of the household? If so please give details:
5. In an ideal world, what would you hope to achieve with your dog?
6. Are there any other details that you would like to add which you feel are relevant?