

Please complete sections 1 - 16 clearly and return to [rachel@petdogbehaviour.com](mailto:rachel@petdogbehaviour.com) or print and submit by hand. A response is required for **ALL** fields, indicating N/A if necessary. Please provide information to the best of your ability as incorrect details may invalidate services. **Do keep a copy for your records and inform Rachel in writing of any changes.** Thank you.

### Section 1 : Dog Details

Pet Name of Dog

Other Name(s) to which Dog Responds

Date of Birth

Breed / Type

Colour

Gender

Male

Female

Neutered

Yes

No

Number of Seasons

Date of Last Season:

From

To

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### Section 2 : Owner Details

Surname

Forename

Address

Postcode

Landline Telephone

Mobile Telephone

Emergency Telephone

Email

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### Section 3 : Veterinary Details

Name & Address

Telephone

**I will provide details of up to date routine preventative treatments for my dog including core and non-core vaccinations / titre checks and I will always maintain the health of my dog in accordance to veterinary advice.**

Please tick to confirm the above declaration regarding routine preventative health care.

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### Section 4 : Care Details

Please indicate the care services you are interested in:

Weekday

Weekday Overnight

Weekend Overnight

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## Section 5 : Feeding Details

What is your dog usually fed **and** in what quantities?

By what method(s) is your dog fed? (Please indicate all that apply.)

From a Bowl

By Hand

Interactive Static Feeder, eg, Buster Maze, Nina Ottosson Activity Game

Interactive Moving Feeder, eg, KONG, Buster Cube

Scattering

Other:

Is your dog fed at set meal times?

No

Yes (state time please)

Does your dog always eat what is offered?

Yes

No

Does your dog graze on food throughout the day?

Yes

No

How often is your dog fed meals in the presence of other dogs?

Never

Occasionally

Frequently

Do you offer your dog snacks / chews between meals?

Yes

No

How often is your dog fed snacks / chews in the presence of other dogs?

Never

Occasionally

Frequently

Does your dog have any allergies?

No

Yes (provide details please)

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## Section 6 : Grooming Details

How often does your dog shed hair? (Please indicate all that apply.)

Never

Spring

Summer

Autumn

Winter

How often do you groom your dog?

Never

Daily

Weekly

Monthly

How often do you wash your dog, (including without product)?

Never

Daily

Weekly

Monthly

Only if necessary

How often does your dog require professional grooming?

Never

Weekly

Monthly

Quarterly

Yearly

How does your dog react to being bathed / showered by you?

Enjoys

Tolerates with no objection

Tolerates after objection

Frantically objects

Don't know

## Section 7 : Exercise & Toileting Details

How much on-lead exercise does your dog receive daily?

On which side of you is your dog when walked on lead?

Left only

Right only

Swaps between left & right at will

Left or right at walkers choice

Neither...walks ahead

Neither...walks behind

How much off-lead exercise does your dog receive daily?

Is your dog exercised at a set time every day?

No

Yes (state time please)

During exercise away from the road, do you intentionally keep your dog on-lead in the absence of other dogs?

No

Yes (please explain)

During exercise away from the road, do you intentionally keep your dog on-lead in the presence of other dogs?

No

Yes (please explain)

In which parks / public spaces do you frequently exercise your dog off-lead?

Does your dog toilet during road walks?

Yes No

Does your dog toilet during park walks?

Yes No

Does your dog have a preferred toileting surface?

No

Yes (please describe)

When was the last time your dog toileted in your house?

What surfaces are in your garden? (Please indicate all that apply)

Don't have garden

Grass

Paving

Decking

Gravel

Other:

Does your dog toilet in your garden?

No

Yes

Don't have a Garden

Is your dog coprophagic?

Yes No

Will your dog exercise and toilet in the rain?

Yes No

Does your dog like to swim?

Yes, swims in deep water

Paddles in shallow water only

No

Does your dog roll in faeces?

Yes No

Does your dog chew sticks?

Yes No

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## Section 8 : Overnight Details

Overnight, what does your dog sleep in / on?

Own bed

Crate

Share bed with another dog

Share bed with you / another family member

Other:

Overnight, in which room does your dog sleep?

Is your dog put to bed at night at a set time?

No

Yes (please state time)

Is your dog woken in the morning at a set time?

No

Yes (please state time)

Excluding Veterinary Practices or Boarding Kennels, how often has your dog stayed overnight away from home?

Never

Once

Occasionally

Frequently

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## Section 9 : Separation Details

On average, for how long do you leave your dog alone during the day?

On average, for how long is your dog confined to a crate during the day when left alone?

Never as can't cope

Never but can cope 1-4 hrs

1-4 hrs

More than 4 hrs

On average, for how long is your dog confined to a crate during the day when not home alone?

Never as can't cope

Never but can cope 1-4 hrs

1-4 hrs

More than 4 hrs

How emotionally secure is your dog when left alone?

Not at all

Moderately

Very

Don't Know

How vocal is your dog when left alone?

Not at all

Moderately

Very

Don't Know

How destructive is your dog when left alone?

Not at all

Moderately

Very

Don't Know

Does your dog ever take him/herself off to bed alone?

Yes

No

Don't Know

In the same room, is your dog happy to settle at a distance from you?

Yes

No

Don't Know

How often does your dog follow you from room to room?

Always

Never

Sometimes

Don't Know

How often can you move from room to room without your dog following you?

Always

Never

Sometimes

Don't Know

When home alone, where does your dog have access to?

Run of the house

Run of a single floor

Access to a single room

Crate / Pen

Other

Do you have a suitable drying-off area within your home should your dog be wet / damp?

No

Yes (please describe)

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## *Section 10: Play Details*

*Does your dog play alone with toys?*

*No Yes Don't Know*

*Does your dog play with you with toys?*

*No Yes*

*Does your dog play well with other dogs with toys?*

*No Yes Don't Know*

*Does your dog have a favourite toy?*

*No Yes Don't know*

*If **yes**, please give details:*

*Does your dog play fetch?*

*No Yes Don't Know*

*Does your dog play tug-of-war?*

*No Yes Don't Know*

*Does your dog have a favourite game?*

*No Yes Don't Know*

*If **yes**, please give details:*

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## *Section 11 : Multi-Dog Details*

*Has your dog ever lived with another dog?*

*No Yes Don't Know*

*If **yes**, please give details:*

*Has your dog ever boarded with another dog?*

*No Yes Don't Know*

*If **yes**, please give details:*

*Are you happy for your dog to board with dogs from another household?*

*No Yes*

*Are you happy for your dog to walk with dogs from another household?*

*No Yes*

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## Section 14: Doggie Dictionary

Please enter the commands which make up your doggie dictionary, entering N/A if no command is given:

*Sit Down*  
*Lay Down*  
*Get Down*  
*Walk Nicely*  
*Come when Called*  
*Don't Touch*  
*Leave the Room*  
*Keep Still*  
*Emergency Stop*  
*Go to Bed*  
*Help Yourself*  
*Pick Up & Carry*  
*Bring to Me*  
*Give to Me*  
*Go to Toilet*

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## Section 15: Socialisation Details

Please tick any of the following with which your dog has been successfully socialised, ie, is non-reactive towards:

<i>Adult Dogs</i>	<i>Puppies</i>	<i>Babies</i>	<i>Children</i>	<i>Teenagers</i>
<i>Joggers</i>	<i>Cyclists</i>	<i>Ball Game Players</i>	<i>Picnicers</i>	<i>Cats</i>
<i>Small Furrries</i>	<i>Horses</i>	<i>Cattle</i>	<i>Sheep</i>	<i>Deer</i>
<i>Swans</i>	<i>Ducks</i>	<i>Washing Machine</i>	<i>Vacuum Cleaner</i>	<i>Food Blender</i>

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## Section 16: Other Details

Please use this space, continuing on an additional sheet if necessary, to provide any other information which you feel may be relevant, **including details of any medication** your dog is taking:

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