Dog Obedience Class Questionnaire

Instructions: Please print out this form and mail it to liznorris@gmail.com and cc: inquiry@pawsabilitiesunleashedky.org. We will get back to with questions and class schedules.

Owner Information

Owner's Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
If Therapy Dog Course was taken, what school and district:
_____

Dog Information

Dog's Name: _____
Sex: M ( ) F ( )
Spayed/Neutered? ( ) Yes ( ) No
Breed: _____
Age: _____ How long have you had the dog? _____
At what age did you obtain the dog? _____
Where did you get the dog? _____
Is this the first dog you have owned as an adult? _____
If not, what other dogs (breed, age, sex) have you owned? _____

Does your dog have any current medical issues?
_____

If yes, please list:

_____

Is your dog on any medications?_____

If yes, why? What medication?

_____

Behavioral History

What brought you to our class? (behavior issues, etc):

_____

_____

Has your dog ever displayed aggressive behaviors? _____

Towards people? _____ Children? _____ Other dogs? _____ Other animals? _____

If yes, what were the behaviors? (Ex. Growling, biting, lunging, etc):

_____

Has your dog ever bitten anyone? _____ What were the circumstances?

_____

_____

_____

Training & Environment

Have you had training classes with your dog before? _____ If yes, where?

_____

What commands does your dog know?

_____

Where have you taken your dog in the past week? _____

How many people has your dog met in the past week? _____Were they familiar to your dog or were they strangers? _____

How many dogs has your dog met in the past week? ____Were they familiar to your dog or were they strangers? _____

Is your dog mouthy or does he/she nibble on you? _____

Does your dog bark a lot?_____If yes, when does your dog bark?
_____
_____

Is your dog frightened by any noises? _____If yes, what noises?
_____

Is your dog frightened around anything else? _____If yes, what?
_____

What happens when you or someone else tries to take food or toys from your dog?
_____

What happens if another dog tries to take food or toys from your dog?
_____

Can you get your hands in your dog' s food bowl while they are eating?_

If not, please list what happens._____

Does your dog get along with other dogs? _____
If not, what does your dog do?
_____

Are there any types of people that your dog automatically dislikes or fears (men, children, etc)?
_____
Please list people and tell what your dog does?
_____

How does your dog react to puppies?
_____

Does your dog show any destructive behaviors when you are not at home?_If yes, please list behaviors

Does your dog jump on you? _____On others? _____

Do you tend to "spoil" your dog? _____Is your dog "like a child" to you?
_____

Do you confine your dog when you are not home?_____

If yes, where do you confine him/her? _____

How do you discipline your dog?

_____

Is your dog allowed on your furniture? _____

To sleep in your bed?_____How often? _____

What type of equipment do you use with your dog?

Check all that apply) Body Harness_____ Flat Collar ____Martingale Collar_____
Halti (head collar)_____Choke Collar___ Prong Collar ____Shock Collar_____
Bark Collar _____

What specifics do you want the dog to be trained, (by you, as the dogs trainer and us as your Instructor. s), through our program, to perform?

_____
_____
_____
_____
_____

Dog Training Liability Waiver

I hereby acknowledge that I have voluntarily applied to participate in the, "Train your own Dog" through our owner train classes conducted by Pawsibilities Unleashed, Liz Norris, her Associate Trainer(s) or Mentor Trainer(s) at the Pawsibilities Unleashed Training Facility I am aware there are inherent risks and hazards

involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of the potential dangers I am not relying on Liz Norris, her associates, mentors, or any associates of Pawsibilities Unleashed, to prevent such occurrences In order to participate in dog training classes of other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences

I hereby waive any and all claims or actions that I or my guardians, representatives or assigns may have from any and all personal injury to myself, my dog, my children or anyone in my charge, or by the dog I own or handle and from any damage, loss, liability or expense, including legal cost and attorney s fees, which result from damage caused by myself, children in my charge, or by the dog I own or handle.

I have read the liability waiver and policies for the service dog training class and I agree to adhere to them. This liability waiver is valid for one (1) year from the date of signature.

Please refrain from playing on your cell phone in our classes. We take our training seriously and we want your dog to have the best experience possible. We want your dog and you to learn as much as possible. If you must stay on your cell phone during the whole hour class, this is not the class for youl I totally understand emergencies, or any necessary type calls, but due to adult students coming to class and ignoring their dogs while they play on their phones, we have had to add this.

_____ _____

Signature of Owner/Handler Date

_____ _____

Signature of Pawsibilities Unleashed Representative Date

https://wwwl petfull com/pet-health/retractable-leashes-dangerous/

https://wwwl whole-dog-journall com/behavior/leash-barrier-reactivity/why-we-don%C2%92t-recommend-electric-fences-shock-collars/

https://www.whole-dog-journall com/blog/using-shock-collars-for-dog-training-is-it-ok/

https://www.caninejournall com/pinch-collar/

https://wwwl whole-dog-journall com/blog/zero-tolerance-for-choke-chains/