

# CANINE ACADEMY

## Companion Animal Questionnaire

Please complete all questions and bring this questionnaire at the time of your appointment. All of your answers will be kept confidential.

Today's Date \_\_\_\_\_

Family Name (first and last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about us?

Veterinarian  Yellow Pages  Internet  Saw Sign  Friend  Other \_\_\_\_\_

Companion  
Animal's  
Identification?

ID Tag  License Tag  Rabies Tag  Tattoo  Microchip  None

### Companion Animal History

Where did you obtain your pet?  Breeder  Pet Shop  Shelter  Stray  Friend  Other \_\_\_\_\_

At what age did you obtain your animal? \_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

Were there other owners?  Yes  No

Why did you obtain your animal? \_\_\_\_\_

If yes, why was he/she given up?

Has he/she ever bitten or threatened anyone?

Yes  No If yes, please explain below

Has she ever been bred?  Yes  NO

Is this your first companion animal?  NO  Yes

### Veterinary Health Information

Practice Name \_\_\_\_\_ City \_\_\_\_\_ Dr. \_\_\_\_\_

Month/Year last seen by Veterinarian \_\_\_\_\_

Vaccinations for:  Rabies  Kennel Cough

Is your pet currently on heart worm medication?  Yes  No

Flea/Tick Prevention?  Yes  No

Please explain any current health problems: \_\_\_\_\_

### iving Environment

Is this pet:

- Allowed to run free, unsupervised
- Fenced/kenneled/run
- Leash-walked, only
- Outside, unleashed but supervised
- Indoors only
- Outdoors only (primarily cats)

Do you live in an:

- Apartment
- Townhouse/condominium/co-op
- House with small yard
- House with large yard

Percentage of time pet is outdoors? \_\_\_\_\_% Indoors? \_\_\_\_\_%

Has your household changed since acquiring this pet?  Yes  No

Please list the people, including yourself, currently living in the household.

If yes, how?

- Death of human in family
- Death of pet in family
- Divorce
- Marriage
- Baby born
- Child moved away
- Family schedule changed

Name	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all of the animals in the household.

Name	Species	Age	Sex	Age Obtained	Age Now	Does anyone in your family dislike this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	If yes, explain _____ _____ _____
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

Where does your pet sleep? (check all that apply)

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- In a crate in another room
- In a locked off or gated room, anywhere in this area
- On the floor next to your bed
- In another room, voluntarily, where I wants
- In another room because you lock the bedroom
- Other \_\_\_\_\_

Do you supply toys for your pet?  Yes  No

How many? \_\_\_\_\_

How often do you play with your pet daily?

- 1  2  3  4  5

How Long does play last (average minutes) ? \_\_\_\_\_

## Diet and Elimination Habits

What brand of food do you feed? \_\_\_\_\_

When?  A.M.  Mid Day  P.M.

How often is it fed treats each day?

1  2  3  4  Never

How often is it fed food from the table each day?

1  2  3  4  Never

How often is it fed meals each day?

1  2  3  4  Free-fed

Is your pet reliably house trained?  Yes  No

Crate trained?  Yes  No

Paper / pad trained?  Yes  No

Litter box trained (cats)?  Yes  No

How many times do you let your pet out per day?

0  1  2  3  4  5  6  7  8

## Check the Behavior Problems You Are Experiencing (and describe below if necessary)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Dominant with family        | <input type="checkbox"/> Anxious behavior when alone       | <input type="checkbox"/> Pulls on leash                     |
| <input type="checkbox"/> Jumps on people                        | <input type="checkbox"/> Does not come when called         | <input type="checkbox"/> Urinates in home                   |
| <input checked="" type="checkbox"/> Jumps on furniture          | <input type="checkbox"/> Digs in yard                      | <input type="checkbox"/> Defecates in home                  |
| <input checked="" type="checkbox"/> Excessive vocalization      | <input type="checkbox"/> Rushes through outside door       | <input type="checkbox"/> Excessive vocalization with owners |
| <input checked="" type="checkbox"/> Uses teeth for attention    | <input type="checkbox"/> Inappropriate behavior in vehicle | <input type="checkbox"/> Excessive vocalization when alone  |
| <input type="checkbox"/> Chews furniture/property               | <input type="checkbox"/> Inappropriate behavior in public  | <input type="checkbox"/> Destructive behavior when alone    |
| <input type="checkbox"/> Steals food or objects                 | <input type="checkbox"/> Does not understand me            | <input type="checkbox"/> Understands me but does not obey   |
| <input type="checkbox"/> Urinates when excited                  | <input type="checkbox"/> Urinates when greeted             | <input type="checkbox"/> Has fear of: _____                 |
| <input checked="" type="checkbox"/> Aggressive (describe below) | <input type="checkbox"/> Other Problems (describe below)   |   |

Why have you kept your companion animal despite the behavior problem(s)? \_\_\_\_\_

Are you concerned that you may have caused the problem(s)?  Yes  No

Have you considered finding your companion animal a new home?  Yes  No

Have you considered euthanasia (putting him or her to sleep)?  Yes  No

Please tell us anything else that is relevant to this case in the space below

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What is your dog's obedience school history?

- No school - trained yourself
- Puppy kindergarten (temperament & socialization work)
- Group lessons - basic obedience
- Group lessons - advanced obedience
- Private trainer at home
- Private trainer - at a training center
- Sent away to trainer

Did you complete the dog's training?  Yes  No

Where did you go for training? \_\_\_\_\_

Who was the trainer? \_\_\_\_\_

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What commands does your dog respond to reliably?

- Sit
- Stay
- Lie down
- Come
- Wait
- Hop (to jump)
- Heel
- Fetch
- Give
- Go to Place
- Leave it
- Quiet
- Off
- Other

Lastly,

Below, please write any further details that you may think would be helpful:

# CANINE ACADEMY

## AGGRESSION SCREEN

**B** - bark

GR - growl

SL - snarl/bare teeth

SB - snap/bite

NR - no reaction

NA - not applicable

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_

Date: \_\_\_\_\_

	B	GR	SL	SB	NR	NA
1. pet dog						
2. hug dog						
3. kiss dog						
4. lift dog						
5. call off furniture						
6. push/pull off furniture						
7. approach on furniture						
8. disturb while resting/sleeping						
9. approach while eating						
10. touch while eating						
11. take dog food away						
12. take human food away						
13. take water dish away						
14. take rawhide						
15. take biscuit/cookie						
16. take real bone						
17. take object/toy						
18. approach when dog has toy						
19. verbally punish						
20. physically punish						
21. visual threat						

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GR SL SB NR NA

	GR	SL	SB	NR	NA
22. speak to dog (normal tone)					
23. stare at dog					
24. bend over dog					
25. push on shoulders or back					
26. approach dog near spouse					
27. enter room					
28. leave room					
29. reach toward dog					
30. leash restraint					
31. collar restraint					
32. scruff restraint					
33. leash on/off					
34. collar on/off					
35. bathe dog					
36. towel dog					
37. groom/brush dog					
38. dog at groomer's					
39. someone approaches dog's owner					
40. someone touches dog's owner					
41. someone yells at dog's owner					
42. leash/collar correction					
43. response to "sit"					
44. response to "down"					
45. someone approaches you while on a walk					
46. a dog approaches you while on a walk					
47. someone approaches your home or yard					
48. someone approaches your car, while alone					
49. someone approaches your car, with you in it					



**Thank you for choosing CANINE ACADEMY. Please fill out the questionnaire and contract and return it with a \$30.00 deposit as soon as possible. Full Payment, by cash, check, or credit card (mastercard or visa) will be due on your initial visit.**

### **IMPORTANT THINGS TO KNOW FOR YOUR CONSULTATION**

- 1. Do not feed your dog three (3) hours before your training class**
- 2. Allow your dog sufficient time, at home, to relieve himself**
- 3. You are responsible to clean up after your dog, both inside and outside of building**
- 4. Family members are encouraged to attend class (for their safety, children must be well behaved and will not be permitted to run around at anytime)**
- 5. Bring whatever equipment you are now using with your dog. We will be covering different types of training equipment, if needed, when you come to consult.**
- 6. All needed equipment (leads and collars) can be purchased at Canine Academy, usually at below store cost.**
- 7. Bring valuable treats that your dog will love, preferably small and easy to chew!**

**If it is necessary for you to contact me immediately, please call my cell (215) 605-6091. If it is not urgent, you may also call and leave a message at my office 215-757-8193 or email me at [info@canineacademypa.com](mailto:info@canineacademypa.com).**

# CANINE ACADEMY

## CONTRACT

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Breed of Dog \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Dog's Name \_\_\_\_\_

How did you learn about these classes? \_\_\_\_\_

Please enroll me in:

Type of Class: \_\_\_\_\_

Start Date & Time: \_\_\_\_\_

### RELEASE

I hereby release the CANINE ACADEMY, its owners, agents, and employees from any and all liability for injuries and damages sustained by myself or my dog while I am on the premises occupied by said school for the purpose of attending, instructing (with or without compensation) and/or observing classes, or for any other purpose whatsoever. I further agree to save, indemnify and hold harmless the said CANINE ACADEMY, its owners, agents and employees from any and all causes of action and damages caused or contributed to by myself, my dog or any person or animal in my company.

**NO REFUNDS WILL BE MADE.** Credit can be issued for any cancelled course, provided that notification was given 24 hours beforehand and if a credit slip has been issued. Credit will be valid for any training program.

I have read and agree to all of the above. (if under 18, parent must sign)

Handler's signature \_\_\_\_\_ Date \_\_\_\_\_

You may either FAX, email, or send back contract with deposit or full tuition.

### METHOD OF PAYMENT

Check or Money Order Enclosed       Cash

VISA       MASTERCARD       DISCOVER

----- - ----- - ----- - -----      Amount Authorized: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ / \_\_\_

Canine Academy  
377 W. Lincoln Hwy.  
Penndel, PA 19047

215-757-8193  
Email: [info@canineacademypa.com](mailto:info@canineacademypa.com)  
Fax: 215-757-4526