

CANINE ACADEMY

Companion Animal Questionnaire

Date _____		Please complete all questions and return this questionnaire before your appointment.	
Family Name (first and last) _____		Companion Animal's Name _____	
Address _____		Breed: _____ Age: _____ Color: _____	
City _____	State _____ Zip _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what age: _____	
Home Phone _____	Work Phone _____	Any behavioral changes after neutering?	
Email Address _____		How did you hear about us? <input type="checkbox"/> Veterinarian <input type="checkbox"/> Yellow pages <input type="checkbox"/> Internet <input type="checkbox"/> Saw sign <input type="checkbox"/> Friend Other _____	

Animal's ID: ☐ I.D. Tag ☐ License Tag ☐ Rabies Tag ☐ Tattoo ☐ Microchip ☐ None

Companion Animal History

Where did you obtain your pet? <input type="checkbox"/> Breeder <input type="checkbox"/> Pet shop <input type="checkbox"/> Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
At what age did you obtain your animal? _____ Where there other owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, why was he/she given up? _____ _____ _____ _____	How long have you had him/her? _____ Why did you obtain your animal? _____ _____ Has he/she ever bitten or threatened anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. _____ _____ _____ _____
Has she ever been bred? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this your first companion animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Veterinary Health Information

Practice Name _____ City _____ Dr. _____

Month/year last seen by veterinarian ____/____

Please explain any current health problems:

Living Environment

Is this pet...

- ☐ Allowed to run free, unsupervised
- ☐ Fenced / Kenneled / Run
- ☐ Leash-walked only
- ☐ Outside, unleashed but supervised
- ☐ Indoors only
- ☐ Outdoors only

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 If yes, How?

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

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

Name	Age	Sex	Relationship

Does anyone in your family dislike this animal? ☐ Yes ☐ No If yes, please explain: _____

Please list all of the animals in the household

Name	Species	Sex	Age obtained	Age now

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

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

Diet and Elimination Habits

Brand of pet food? _____

When do you feed them their meals?

☐ AM ☐ Mid-day ☐ PM

How often do you feed treats each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Never

How often do you feed from the table each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Never

How often do you feed their meals each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Free-Fed

Is your pet reliably house trained?

☐ Yes ☐ No

Crate trained?

☐ Yes ☐ No

Paper / pad trained?

☐ 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.

☐ Dominant with family

☐ Urinates when greeted

☐ Pulls on leash

☐ Jumps on people

☐ Anxious behavior when alone

☐ Urinates in home

☐ Jumps on furniture

☐ Does not come when called

☐ Defecates in home

☐ Excessive vocalization

☐ Digs in yard

☐ Excessive vocalization with owners

☐ Uses teeth for attention

☐ Rushes through outside door

☐ Excessive vocalization when alone

☐ Chews furniture / property

☐ Inappropriate behavior in vehicle

☐ Destructive behavior when alone

☐ Steals food or objects

☐ Inappropriate behavior in public

☐ Has fear of _____

☐ Urinates when excited

☐ Aggressive (describe below)

☐ 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 your animal to sleep?)

☐ Yes ☐ No

What is your dog's obedience school history?

☐ No school – trained yourself

☐ Puppy kindergarten (temperament & socialization)

☐ Group lessons – basic obedience

☐ Group lessons – advanced obedience

☐ Private trainer at home

☐ Sent away to trainer

Did you complete the dog's training? ☐ Yes ☐ No

What commands does your dog respond to readily?

☐ Sit

☐ Fetch

☐ Stay

☐ Give

☐ Lie down

☐ Go to place

☐ Come

☐ Leave it

☐ Wait

☐ Quiet

☐ Hup (to jump)

☐ Off

☐ Heel

☐ Other

Where did you go for training? _____

Who was the trainer? _____

Please use the next page to write any additional details that you may think will be helpful.

Use this page to provide additional information:

REACTIVITY SCREEN

(Place a check mark in all appropriate columns)

Stimulus	Bark	Growl	Snarl / bare teeth	Snap / bite	No reaction	Not applicable
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 valuable bone away						
15. take object dog should not have away						
16. approach when dog has toy						
17. verbally punish						
18. physically punish						
19. speak to dog (normal tone)						
20. stare at dog						
21. bend over dog						
22. push on shoulders or back						
23. approach dog near spouse						
24. enter room						
25. leave room						
26. reach toward dog						

Stimulus	Bark	Growl	Snarl / bare teeth	Snap / bite	No reaction	Not applicable
27. leash restraint						
28. collar restraint						
29. scruff restraint						
30. leash on / off						
31. collar on / off						
32. bathe dog						
33. towel dog						
34. groom / brush dog						
35. dog at groomer's						
36. someone approaches dog's owner						
37. someone touches dog's owner						
38. someone yells at dog's owner						
39. leash / collar correction						
40. response to "sit"						
41. response to "down"						
42. someone approaches you while on a walk						
43. a dog approaches you while on a walk						
44. someone approaches your home or yard						
45. someone approaches your car while alone						
46. someone approaches your car with you in it						

CANINE ACADEMY

CONTRACT

Name _____ Phone number _____
Address _____
City _____ State _____ 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 obedience course, provided that notification was given 24 hours before scheduled class and if a credit slip has been issued. Credit will be valid for one year.

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

Handler's signature _____ Date _____

METHOD OF PAYMENT

☐ Check or Money Order Enclosed ☐ Cash
☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card# _____

Exp Date ____ / ____ CVV _____

Amount\$ _____ Signature _____

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

Return to: Canine Academy
377 W, Lincoln Hwy
Penndel, PA 19047

Ph: 215-757-8193
Fax: 215-757-4526
Email: canineacademypa@gmail.com
Website: <https://canineacademypa.com/>