



Thank you for choosing **CANINE ACADEMY**. Please fill out the entire questionnaire, including aggression screen. You may return it by email or fax. Once your questionnaire is received someone will call you make an appointment and will get your payment information. You can also drop off the questionnaire with a check or cash if you prefer.

IMPORTANT THINGS TO KNOW FOR YOUR FIRST CLASS

1. Do not feed your dog at least 6 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. We prefer that the same person work with us each week. Family members are encouraged to attend class to observe (for their safety, children must be well behaved and will not be permitted to run around at anytime)
5. A 4-6' leather, nylon or cotton leash will be needed (no chain or retractables)
6. Bring whatever collar you are now using with your dog. We will be covering different types of training equipment (if needed) when you come to class
7. All needed equipment (leads, collars and harnesses) can be purchased at Canine Academy usually at below store cost.
8. Bring valuable treats that your dog will love, preferably small and easy to chew! Jerky treats or pepperonis work great, as do cut up hot dogs and string cheese.
9. At the beginning of the first lesson, proof of age appropriate inoculations must be submitted, particularly Distemper/parvo combo and rabies.
You may email, fax or send copies of these in with your questionnaire, or bring them with you on your first lesson.

If you have any questions, please call (215) 757-8193, or email us at 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: ____ / ____ *QVC* ____

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

215-757-8193
Email: info@canineacademypa.com
Fax: 215-757-4526

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/kennel/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 want
- ☐ 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? _____

Is your pet reliably house trained? ☐ Yes ☐ No

When? ☐ A.M. ☐ Mid Day ☐ P.M.

Crate trained? ☐ Yes ☐ No

How often is it fed treats each day?

Paper / pad trained? ☐ Yes ☐ No

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Never

Litter boxtrained (cats)? ☐ Yes ☐ No

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

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Never

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

How often is it fed meals each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Free-fed

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

☐ Dominant with family

☐ Anxious behavior when alone

☐ Pulls on leash

☐ Jumps on people

☐ Does not come when called

☐ Urinates in home

☐ Jumps on furniture

☐ Digs in yard

☐ Defecates in home

☐ Excessive vocalization

☐ Rushes through outside door

☐ Excessive vocalization with owners

☐ Uses teeth for attention

☐ Inappropriate behavior in vehicle

☐ Excessive vocalization when alone

☐ Chews furniture/property

☐ Inappropriate behavior in public

☐ Destructive behavior when alone

☐ Steals food or objects

☐ Does not understand me

☐ Understands me but does not obey

☐ Urinates when excited

☐ Urinates when greeted

☐ Has fear of: _____

☐ 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 him or her to sleep?) ☐ Yes ☐ No

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

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? _____

Lastly,

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

What commands does your dog respond to reliably?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Fetch |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Give |
| <input type="checkbox"/> Lie down | <input type="checkbox"/> Go to Place |
| <input type="checkbox"/> Come | <input type="checkbox"/> Leave it |
| <input type="checkbox"/> Wait | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Hup (to jump) | <input type="checkbox"/> Off |
| <input type="checkbox"/> Heel | <input type="checkbox"/> Other |

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						

	B	GR	SL	SB	NR	N/A
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						