**TRAINING TAILS CONSULTATION QUESTIONNAIRE** A black silhouette of a dog

Description automatically generated

Please complete the questionnaire as accurately as possible and email the complete form to [tyler@trainingtails.com.au](mailto:tyler@trainingtails.com.au) at least 48 hours before your scheduled consultation.

**ABOUT YOU**

Name:

Address:

Phone Number:

Email:

Who lives in your household:

Other regular visitors who interact with your dog:

Occupation(s) of adults:

Have you ever attended dog training with any dog?

If yes, was the training with this dog or another dog?

Do you have any medical conditions that may affect your participation in a training program? (hearing, eyesight, mobility, etc.):

**ABOUT YOUR DOG**

Name:

Breed:

Age:

Sex:

Desexed:

How long have you owned your dog?

Obtained from where:

If obtained from a breeder, did you meet the parents:

If obtained from the pound or a rescue facility, why was the dog up for adoption:

Is this your first dog?

Do you have other dogs, if so what breed, age and sex are they:

Do you have other pets, if so, please list them:

When you are at home what percentage of the day is your dog

-Outside:

-Inside:

How long is your dog left alone at home on an average day? Hours Minuets 

How does your dog behave with new visitors?

How much exercise does your dog receive daily (time and type):

**DIET**

What brand is your dog currently fed? (e.g. Brand of kibble/raw/home cooked/wet food)

How is your dog fed? (e.g. bowl, Kong, puzzle toys, hand fed)

Who normally feeds the dog?

How is your dog’s appetite? (e.g. picky eater/inhales their food)

Has the diet recently changed? If so, when, what did you change from and why?

**MEDICAL HISTORY**

Does your dog have any medical conditions? If yes, please describe.

Is your dog currently on any medications? If so, what are they?

Are you happy for me to contact your vets? If necessary, do you give permission for me to have access to your dog’s medical history? If yes, please provide your vets details.

**DAILY ROUTINE**

Describe your dog’s daily routine:

What do you do to give your dog mental stimulation?

Where does your dog sleep at night and for how long?

Where does your dog sleep during the day, how often and for how long?

When out on walks, how long are you out for?

Who exercises your dog?

Please describe the equipment you use when exercising your dog:

Any other information you feel is relevant about your dog’s exercise routine:

**TRAINING LEVEL: My dog can perform the following behaviours (please tick):**

|  | **Usually** | **Sometimes** | **Rarely** |
| --- | --- | --- | --- |
| Accepts approach and politely greets friendly strangers |  |  |  |
| Be sociable with, or able to ignore, other dogs |  |  |  |
| Settle quickly when requested |  |  |  |
| Respond to name and give eye contact |  |  |  |
| Sit when requested |  |  |  |
| Lie down when requested |  |  |  |
| Come when called off lead or on a long line when requested |  |  |  |
| Stay in position for at least 5 seconds when requested |  |  |  |
| Leave low level distractions when requested |  |  |  |
| Walk nicely on a loose lead |  |  |  |

**TRAINING AND BEHAVIOUR ISSUES**

What are the problems you are currently experiencing with your dog?

When did this problem start? And how often does it occur? Where does it occur? Who is present when the behaviour occurs?

What has been done to address this behaviour? Please indicate whether each measure helped, made no difference, or made matters worse. (e.g. child gate, crate)

Is the frequency at which the behaviour occurs increasing?

**Please mark every box which you feel applies to your dog:**

| Has bitten someone |  | Has bitten another dog |  |
| --- | --- | --- | --- |
| Pushy |  | Has growled at people |  |
| Has growled at another dog |  | Protective |  |
| Barks excessively |  | Fearful of other dogs |  |
| Chews a lot |  | Does not come when called |  |
| Likes retrieving |  | Digs a lot |  |
| Anxious when alone |  | Has excess energy |  |
| Independent |  | Suspicious/shy with strangers |  |
| Likes new people |  | Stubborn |  |
| Fearful of new environments |  | Dislikes grooming |  |
| Destructive |  | Jumps on people |  |
| Likes other dogs |  | Pulls on lead |  |
| Likes to be with you a lot |  | Seeks attention |  |
| Unruly in car |  | Bites at hands/clothes or bodies |  |
| Plays too roughly |  | Likes children |  |
| Fearful of water |  | Fearful of noises/storms |  |
| Chases things |  | Won’t bring retrieved items back |  |
| Sits in front seat of car |  | Toilet trained |  |

**TRAINING GOALS**

What are the top improvements you would like to see with your dog, in order of priority?

And, what would you like to achieve from this program?

Please email this completed questionnaire to tyler@trainingtails.com.au to book in.

Tyler Thorne

Pet Trainer

Dog Dad to AJ and Zara

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