



Questionnaire

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Your dogs name:

Nickname:

Breed:

Age: Sex: M F Desexed: Y N

Your name

Address:

Phone: Mobile: Work:

Email:

Secondary carer in the event you are unavailable to be contacted:

Name:

Address:

Phone: Mobile: Work:

Your Dogs Veterinarian Name:

Address:

Phone:

- Tell us about your dogs medical history i.e. past operations, allergies, arthritis etc:

- What commands does your dog best respond to, e.g. sit, stay, no:

- Tell us about any special requirements or needs, emotional or physical:

- Is your dog on any special diet as treats are given. Is this suitable: Y N

Details:

• Has your dog completed obedience training: Y Level: N

• Is your dog friendly with everyone, i.e. small children, or requires time to become familiar with new people:

• Does your dog like/get along with puppies or other playful/energetic dogs: Y N
not sure more:

• Is your dog scared of thunder, lightening or loud noises: Y N not sure.
Is it ok to walk your dog on wet weather days: Y (*we will towel dry on return home*) N

• Have you ever seen your dog fight with other dogs or show aggressive behaviour e.g. snarling or growling at other dogs or people: N Y Details:

• Please tick those that you feel best describe your dogs temperament:

- | | | | | |
|--------------------------------------------|--------------------------------------|--------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> hyperactive | <input type="checkbox"/> active | <input type="checkbox"/> relaxed excitable | <input type="checkbox"/> obedient | <input type="checkbox"/> nipper |
| <input type="checkbox"/> barker | <input type="checkbox"/> loner | <input type="checkbox"/> pack animal | <input type="checkbox"/> playful | <input type="checkbox"/> wild |
| <input type="checkbox"/> crazy | <input type="checkbox"/> lazy | <input type="checkbox"/> social | <input type="checkbox"/> timid | <input type="checkbox"/> protective |
| <input type="checkbox"/> attention seeking | <input type="checkbox"/> disobedient | <input type="checkbox"/> aggressive | <input type="checkbox"/> calls bluff | <input type="checkbox"/> watch dog |

• Please indicate what time of day you would prefer for your dogs walk:
 morning midday afternoon variety

• Anything else you would like to tell us about your dog:

• How did you hear about Tails on Trails:

- | | | | | |
|----------------------------------------|-----------------------------------|----------------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Referral | <input type="checkbox"/> Google | <input type="checkbox"/> Yahoo | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Flyer | <input type="checkbox"/> Vehicle advertising | | |