

**K9 NOSE WORK® Pre-Class Questionnaire**

Your Name: \_\_\_\_\_

Your preferred contact info: Email address: \_\_\_\_\_

Phone \_\_\_\_\_ Text \_\_\_\_\_

Class Location & Date \_\_\_\_\_

*Please answer the following questions about you and your dog. If you have more than one dog, fill out a questionnaire for each dog, though you may skip the questions that have duplicate information.*

Please circle any answers that may apply.

**Handler's Name:** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Age** \_\_\_\_\_ **Gender:** M, MN, F, FS (please circle one)

**Is your dog a:** Companion dog, Performance/Sport dog, Other \_\_\_\_\_

**Where did you get your dog:** shelter, breeder, friend, pet store, foster/rescue, other

What age were they at the time? \_\_\_\_\_

**Do you have any health considerations, issues, and/or concerns for you or your dog?** Yes No

If you answered yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is your dog allergic to any types of food? If yes, what? \_\_\_\_\_

**Are your dog's vaccines current?** Yes No (Current vaccine record needed at first class)

**Have you ever competed with a dog?** Yes No **This dog?** Yes No

**Please circle any previous activities or sports you have done with your dogs, and add any not listed here:**

Agility Tracking Obedience Rally Other \_\_\_\_\_

**Describe your dog's daily activity level:**

\_\_\_\_\_

**Please check off any fears (or nervousness) and phobias your dog may have, and please describe.**

Strangers \_\_\_\_\_

Other dogs \_\_\_\_\_

Environments \_\_\_\_\_

Noise \_\_\_\_\_

Class settings \_\_\_\_\_

Other \_\_\_\_\_

Not applicable

**List in order of preference your dogs favorite items to play with** (does not need to be a dog specific item): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**List in order of preference your dogs favorite food/treats** (either for training purposes or just to eat; [be specific: ex. chicken, hot dogs, sardine, sweet potato wrapped fish]): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**How well does your dog play with other people than you?**

\_\_\_\_\_

**What are your expectations of this class?/what attracted you to it?**

\_\_\_\_\_

**Has your dog ever damaged another dog? YES NO If yes, how seriously?**

\_\_\_\_\_

**Has your dog ever bitten a human? Yes NO If yes, how seriously?**

\_\_\_\_\_

\_\_\_\_\_

Please describe trigger for incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of participant

Date

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE.