

Fanickally Canine Skills

Talking Canines Social Behaviour & Lifestyle Questionnaire

Name:

Address:

Email:

Home Number:

Work Number:

Cell Number:

Dog and Family Details

Dogs Name:

Breed:

Age:

Weight:

Sex:

Altered: If Altered at what age:

Is This Dog a Rescue:

If Yes – Which Organization:

If No – Where Did You Get This Dog:

How Long Have You Had Him/Her:

Vet Clinic Name:

Any Medical concerns:

Is This a Referral:

If Yes – from Where:

If No – How Did You Hear About TALKING CANINES/Fanickally Canine Skills:

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Please Share Any History of Previous Homes, if Available:

How Many Family Members In the Home:

Other Animals:

Training Details

Is This Your First Dog:

Did Dog Attend Puppy Class:

Any Other Training:

What Training Methodology was used:

Did you agree with the Methodology used:

If Not – Please Explain Why:

Any Other Private Training Consultation:

Reason for Private Consultation at this time:

Exercise and Lifestyle Details

Dog Walks:

Off-leash Backyard:

Do You Go To Off Leash Dog Parks:

Gear/Equipment Used For Walks and Other Activities:

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How Many Hours is Your Dog Alone During the Day:

Is Your Dog Crate Trained:

Where Does Your Dog Sleep:

How Much Sleep Does This Dog Average:

Does Your Dog Play:

Favourite Games

Favorite Toys:

Does Your Dog Resource Guard Toys, Bones, Food or You:

What Type Of Food Do You Feed:

How Many Feedings Daily:

Table scraps:

Dog Treats:

Behaviour Details

Dog's Reaction To Human Strangers:

Dog's Reaction To Canine Strangers:

Does Your Dog Exhibit Any Anxiety Outside Or In The Home (please be detailed):

Do You Know What Triggers Your Dog's Reactivity/Anxiety:

Where and When Do You Walk Your Dog:

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Does Your Dog Pull or Lunge On Leash:

How Do You Handle A Situation When your Dog Lunges On Leash:

Has Your Dog Ever Displayed Aggression Toward Anyone (please be detailed):

What Do Other Family Members Do When Dog Is Aggressive:

Has Your Dog Ever Bitten A Person:

If Yes –Please Describe the Severity of The Injury:

Was Animal Services Involved:

Has Your Dog Ever Bitten or Caused Injury to Another Dog:

If Yes – Please Describe The Severity Of The Injury:

Has Your Dog Ever Needed Vet Care As A Result Of Another Dog:

Any Additional information:

Please return questionnaire to completed form to talkingcanines@gmail.com

Thank You

