

Handler Questionnaire 2020

Please be honest. This enables us to give you individual support. All information given will remain confidential.

General Information

Owner's name: Contact telephone number:

Email address:

Address:

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Dog's name: Age: Breed:

Male/Female Neutered? Yes / No At what age?

Reason(s) for neutering:

How long has dog been in your family? :

Is your dog from a rescue or breeder/other?

Number of persons in household Ages of children

Number and age of other dogs in household

Health *It is important that we ensure we do nothing to compromise the health of your dog, and therefore have included this section to keep us fully informed.*

Name of current veterinarian practice:

Address:

Phone number:

Date of last inoculation: Date of last flea treatment / worming:

Date of last veterinarian health check:

Please inform us of any diagnosed medical conditions your dog has, including medical history of operations / injuries (please give details, continuing overleaf if necessary):

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Details of medication currently being administered including when began, type, dosage and frequency:

Current use of complementary medicine or homeopathic remedies:



Behavioural issues: please list below your main concerns

1.
2.
3.
4.

Attitude towards people

Is your dog **nervous/aggressive with people**? Yes / No / Sometimes

Describe the **behaviour** shown

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Attitude towards other dogs

Is your dog nervous/aggressive with other dogs? Yes / No / sometimes

Describe the **behaviour** shown

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Please advise how you heard about this course (e.g. word of mouth, leaflet, website etc.)

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Thank you for taking the time to fill in this questionnaire. Each question is asked for a specific purpose and by answering carefully you enable us to provide the most help we can.

