

Comprehensive Questionnaire



The Process

We prioritize and look for people with a strong commitment, open-mindedness, and those interested primarily in advocating what's truly best for their dog. We also strive to accept dogs we strongly feel hold a positive prognosis, that is, we only accept client relationships if we feel we can help.

This initial meeting also allows you the opportunity to make an educated decision before investing major bucks on a whole program/package. We feel this opportunity is especially fair considering how much quality help can be. Regardless of your needs, you can trust that you are making the best choice for your dog, family and yourself.

Finally, some people choose to do an evaluation just to find the answer to some perplexing thing their dog does that they just can't seem to figure out. Sometimes we are hired by other dog trainers to fine-tune and put the missing pieces into place for their training program.

*If we pass on your application, you will be given hand selected referrals to the appropriate professional that will suit your needs. The referral(s) given are typically the only trainers/service professionals that we feel will be worth your time/investment.

General Training Consultation

The initial consultation for general training acts as an orientation, covering many topics of interest to you and your dog, and prepares a specific training plan to simply bring out the best in your dog. The interview and consultation is NOT a training lesson, although we will demonstrate and give help during the in home assessment. Additional services may be required, and are generally strongly advised to kick start training, accomplish goals faster, and have professional guidance and coaching every step of the way.

CLIENT INFORMATION		
Name:		
Email:		
Best phone number:	Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Alternate phone number:	Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Street address:		
City:	State:	Zip code:
Occupation:	Maximum hours worked per week:	
Most convenient times/days to schedule lessons: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		

Comprehensive Questionnaire



OTHER HOUSEHOLD MEMBERS

Name	Age	Relationship

Is there a main caretaker for your dog? Yes No If yes, whom?:

DOG INFORMATION			
Name:		Breed:	Age:
Female <input type="checkbox"/>	Spayed <input type="checkbox"/>	Intact <input type="checkbox"/>	Length of time owned:
Male <input type="checkbox"/>	Neutered <input type="checkbox"/>		Age when spayed/neutered:
Name of breeder/shelter/rescue/other:			
Phone number and/or email:			
Brand of food:		Number of times fed per day:	
Amount:		1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/>	

Comprehensive Questionnaire



Date: _____
Dog's name: _____

DAILY ACTIVITIES AND ROUTINE

Do you currently exercise your dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do you exercise your dog for 30 minutes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do you exercise your dog for 1 hour or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please describe what kind(s) of exercise you provide for your dog:	_____		
Have you ever crated your dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do you still use a crate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes...			
What type of crate?	Plastic freight kennel <input type="checkbox"/>	Wire crate <input type="checkbox"/>	
Do you cover it with a sheet, towel, blanket, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When do you usually crate your dog?	While you ARE at home <input type="checkbox"/>	While you are NOT at home <input type="checkbox"/>	Both <input type="checkbox"/>
Please describe... how long you typically crate your dog:	_____		
the location of the crate:	_____		
If no...			
When and why did you stop?:	_____		

CONCERNS AND GOALS

Behavioral Concerns - Please describe the 3 most important concerns regarding your dog's behaviors and habits. Please begin with the most critical.	
1	_____
2	_____
3	_____
Additional comments and/or notes: _____	

Comprehensive Questionnaire



Date: _____

Dog's name: _____

Goals/Expectations - Please describe in detail the ideal outcome for your concerns and how you wish your dog *WOULD* act/behave.

1 _____

2 _____

3 _____

Additional comments and/or notes: _____

HISTORY

Why did you originally want a dog?: _____

How do you typically react to your dog when he/she is exhibiting unwanted behavior?: _____

Do you feel your dog is a good fit for your household? Yes No

Have you tried other trainers/training? Yes No

Please describe the outcome of your previous training experience(s): _____

Is your dog fearful of new things? Yes No

If yes, please describe: _____

Is your dog pushy when he/she wants something? Yes No

If yes, please describe: _____

Can you leave your dog at home without problems? Yes No

If no, please describe: _____

Comprehensive Questionnaire



Date: _____

Dog's name: _____

Are you concerned your dog may bite someone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you concerned that your dog may hurt himself/herself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you concerned that your dog's behavior is dangerous?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your dog ever bitten a person? If yes, how many times?: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was animal control notified and/or the bite(s) reported?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your dog ever bitten another dog? If yes, how many times?: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your dog displayed any significant behavioral changes in the last 6 months: If yes, please describe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you recently had any significant changes in your life (e.g., moving, divorce, loss, change in job)? If yes, please describe: _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any specific incidents where your dog was traumatized, scared, or otherwise in distress? If yes, please describe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comprehensive Questionnaire



Date: _____

Dog's name: _____

HOW OFTEN DOES YOUR DOG...

	NEVER	ALMOST NEVER	SOME OF THE TIME	A LOT OF THE TIME	ALMOST ALWAYS	ALWAYS
...display appropriate manners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...respond to basic training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...“get in trouble”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...pull on the leash while walking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...practice unwanted behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...bark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...jump up on people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...rush through doorways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...destroy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...pee/poop inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...become excited easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...“guard” food, toys, or space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW OFTEN DO YOU ...

	NEVER	ALMOST NEVER	SOME OF THE TIME	A LOT OF THE TIME	ALMOST ALWAYS	ALWAYS
...“spoil” your dog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...train/work with your dog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...say “no” to your dog?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...use physical corrections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive Questionnaire



Date: _____

Dog's name: _____

VETERINARIAN INFORMATION		
Clinic name:		
Preferred veterinarian:		
Phone number:	Length of time as vet:	
Date of last vet exam:	Date of last rabies vaccination:	
Does your dog have any known physical problems, broken bones, surgery, diseases, skin problems, etc.? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your dog on any medication(s)? If yes, what kind(s)?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comprehensive Questionnaire



Date: _____

Dog's name: _____

Bite History Questionnaire

This assessment is based on Dr. Ian Dunbar's Bite Scale. Please feel free to ask us for additional information on Dr. Dunbar's bite levels and potential prognosis.

At what age did your dog first show signs of aggression?

Age: _____

At what age did your dog have his/her first bite incident?

Age: _____

1	If you adopted your dog, were you aware of aggression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Does your dog feel scared/trapped/threatened during a bite incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does your dog guard objects or resources (such as food or toys)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Does your dog guard people or places (such as his/her owner(s) or dog bed)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Was your dog on-leash during bite(s)? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, was there pressure on the leash during the bite(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Has your dog ever bitten while off leash? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Has your dog ever bitten a dog/person in public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Has your dog ever bitten a child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Has your dog bitten and not broken skin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many times?	Number of bite incidents: _____	
10	Has your dog ever drawn blood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many times?	Number of bite incidents: _____	
11	Has your dog's bite(s) ever required stitches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many stitches?	Number of stitches: _____	
12	Has your dog produced more than 2 puncture wounds during a single bite incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Has there been a bite incidence involving a person or another dog where your dog bit down and shook his/her head?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Has your dog bitten and broken skin multiple times during one incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Has there been more than one bite incident that required hospitalization/stitches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comprehensive Questionnaire



Payment Policies:

- Payment is due before consult can be scheduled to book your time-slot.
- Refunds are not available. No exceptions.
- Payment programs are available upon request for some programs.
- If you need to cancel or reschedule, please do so at least 48 hours in advance.
- There is a \$25 cancellation fee if you cancel less than 24 hours before your appointment .

Service Policies:

- Please be prepared to provide up to date vaccination and medical records☐.
- Both parties hold the right to terminate services at any time.
- An Initial Assessment is mandatory before any recommendations can be made about your dog's behavior .
- Happy Tails Obedience Training holds no obligation for further contact or service privileges with a client who has re-homed his/her dog. Re-homing may also automatically void certain contracts agreements.

Confidentiality and Duty to Report Policies: ☐

- All records and conversations remain confidential, unless Happy Tails Obedience Training has your written permission to discuss your case with specific individuals.
- In the event your dog bites a human AFTER the start of services and we feel the dog still poses danger, we hold the responsibility to report to proper officials (i.e., veterinarian, kennel staff, other dog trainers, etc.).
- In the event Happy Tails Obedience Training consults with another behavior professional, no personal information will be given unless given written permission.
- In the event the “dog” under services is re-homed or otherwise relinquished, Happy Tails Obedience Training holds the right to forward any files, records, history, or other paperwork to the new legal owner/temporary guardian.

Aggressive Dog Policies:

- If your dog is found to be a level 3 biter or above, a signed copy in triplicate is mandatory, outlining your dog's safety management strategy. A copy is to be given to your veterinarian, one for your personal records, as well as Happy Tails Obedience Training copy.

By signing below, I certify that the information I have provided on this form is true and accurate. I have read, fully understand the above policies, and accept their terms and conditions.

Printed Name of Owner

Date

e-Signature of Owner

PLEASE NOTE: Incomplete forms may force us to cancel your appointment.

Comprehensive Questionnaire



Please be sure that you have read through all information and instructions. Carefully go through each section and check off those you have completed. Please be sure to sign this page, as well as the Policies page, to certify that you have provided accurate information and to attest that you agree to the specified terms and conditions.

- I have completed the Initial Interview Questionnaire
- If my dog has a previous bite history OR I am concerned that my dog may bite, I have completed the Bite History Questionnaire
- I have read and signed Happy Tails Obedience Training Consulting's Payment Policies, Service Policies, Confidentiality/Duty to Report Policies, *and* Aggressive Dog Policies
- I have available updated shot records including a valid rabies vaccination

Instructions for Comprehensive Consultation:

- I will have a durable, well-fitted collar and non-retractable leash for each dog involved in the interview.
- I will have all training tools/equipment that I have used in the past and am interested in using available for the interview.
- Upon the arrival of a Happy Tails Obedience Training staff member I will have my dog(s) located in a secure space (e.g., kennel/crate, backyard, bedroom, bathroom, other), unless otherwise directed.
- I understand that I hold the right to stop training with Happy Tails Obedience Training at anytime if I feel that Happy Tails Obedience Training, myself, my dog(s), or anyone else may be in danger OR if I feel otherwise uncomfortable at any time.

By signing below, I certify that the information I have provided on this form is true and accurate. I have read, fully understand the above policies, and accept their terms and conditions.

Printed Name of Owner

Date

e-Signature of Owner

PLEASE NOTE: Incomplete forms may force us to cancel your appointment.

Comprehensive Questionnaire



Congratulations! You are done!

Thank you so much for taking the time to fill everything out. This detailed information will help us create THE BEST plan of action for you and your dog.

- Please email us a copy at happytailsdogsutah@gmail.com
You can fill this form out digitally, or print it off and scan it, or take photos.

- Expect an email from us within the next 24 hours to schedule your In-home visit or consultation call. We are excited to begin training with you!