



# QUESTIONNAIRE

BOARDING  DOGGIE DAYCARE  GROOMING  GROUNDED  
HOUND BEHAVIOR TRAINING & AROMATHERAPY

DATE: \_\_\_\_\_

PET NAME: \_\_\_\_\_ CLIENT NAME: Last \_\_\_\_\_ First: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

Pet Description: Breed \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Spayed/Neutered: YES \_\_\_ NO \_\_\_

1) Is your dog younger than six-months-old at time first attendance? YES \_\_\_ NO \_\_\_ Was your adult dog neutered/spayed less than three months ago? YES \_\_\_ NO \_\_\_ (All dogs over one year must be spayed/neutered)

2) Nicknames your dog responds to: \_\_\_\_\_ None \_\_\_\_\_

3) Is your dog a "rescue"? YES \_\_\_ NO \_\_\_ If rescued, how long since rescued? \_\_\_\_\_ (Detail resulting unique behaviors on back)

4) Physical health issues (check all that apply, note details on back of page)

- Allergies? Source? \_\_\_\_\_ Treatments? \_\_\_\_\_
- Arthritis/Soreness Where/When? \_\_\_\_\_ Treatments? \_\_\_\_\_
- Overheating/Respiration (Chronic?) History and Severity? \_\_\_\_\_
- Sensitivities? Where \_\_\_\_\_ Solutions? \_\_\_\_\_

5. What behaviors by your dog frustrate you? (check all that apply, give detailed list of any others)

- Barking excessively
- Dominance
- Hyperactivity
- Leash pulling
- Marking inside
- Play biting
- Poor greeting skills
- Poor potty training skills
- Poor recall—runs away
- Separation anxiety/clinginess/guarding
- Other \_\_\_\_\_

6. Behavior issues (triggers of aggressive, fearful, out of control responses, check all that apply)

- Being picked up
- Children
- Doorbells
- Hats/uniforms
- Loud noises
- Dogs in general/of a particular type
- Men
- Vacuums/mops/brooms
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Fixations, obsessions, or phobias (check all that apply)

- Balls/toys
- Cats/squirrels
- Digging
- Feces/rocks (ingestion)
- Food/treats
- Insects
- Protectiveness of handlers/space
- Reflections/shadows
- Storms
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. Please inform us of triggers that lead to any of the following excessive behaviors:

\_\_\_\_\_ leads to biting/scratching \_\_\_\_\_ leads to screaming/crying  
\_\_\_\_\_ leads to submissive urination \_\_\_\_\_ leads to barking  
\_\_\_\_\_ leads to escape behaviors such as bolting through doors, gates, fence jumping

Please circle all that apply: Escape Artist Crazy Cuddler Nervous Nellie Happy Go Lucky.

9. Has your dog played off-leash with dogs besides family dogs? YES \_\_\_ NO \_\_\_ Regularly? YES \_\_\_ NO \_\_\_

If YES, rate results: Not Good \_\_\_ OK \_\_\_ Great \_\_\_ List behaviors that made you nervous \_\_\_\_\_

10. What command tells your dog to go to the bathroom outside? \_\_\_\_\_

11. Is your dog allowed on the furniture at home? YES \_\_\_ NO \_\_\_

12. Has your dog been through: Puppy Class \_\_\_ Adult Obedience \_\_\_ None \_\_\_

Where/what methods of training have you tried? Grounded Hound Behavior Training \_\_\_ E-Collar \_\_\_ Clicker \_\_\_ Other \_\_\_\_\_

Are you interested in training information? Yes \_\_\_ No \_\_\_

13. How did you learn about The Lodge at Main St. Vet? \_\_\_\_\_

14. Days attending: (circle all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

15. Can we post photos/video clips of you/your pet on social media? YES \_\_\_ NO \_\_\_

Tell us how to share with you: Client IG tag @ \_\_\_\_\_ Pet IG @ \_\_\_\_\_ Client FB @ \_\_\_\_\_ Pet FB @ \_\_\_\_\_