# REACTIVE DOG WORKSHOP REGISTRATION FORM

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| DOG’S NAME BREED AND AGE |  |

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| VETERINARIAN DETAILS | | | | |
| Practice/Name: |  | Phone No: |  | |
| Address: | | | | |
|  | | Postcode: | |  |

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| OWNER DETAILS | | | | |
| Name: |  | | | |
| Address: | | | | |
|  | | Postcode: | |  |
| Email: |  | Contact Number : |  | |

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| Behaviour and Triggers | | | |
| How would you describe your dogs behavior to people? | | |  |
| How would you describe your dogs behavior to other dogs. Has your dog ever lived with another dog or does he/she have any other dog friends? | | |  |
| Does dog chew or rag lead? | | Yes  No | |
| What’s the distance that your dog becomes reactive? | |  | |
| Does the dog treats on a walk? | | Yes  No | |
| What collar / equipment do you use? |  | | |
| What training have you tried and has it helped? |  | | |

| DOG DETAILS | | |
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| How long have you owned the dog: | | |
| Where did you get the dog from: | | Breeder  Rescue  Internet  Friend  Other: |
| Temperament: |  | |
| Likes/Dislikes: |  | |
| What position does your dog walk at when you are out? ( for example in front of you or to your left side) | | |
| Detail of commands the dog responds to: | | |

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| DOG INTERACTIONS | | | |
| When interacting with other dogs how would you describe the dog as?  Aggressive Dominant  Submissive  Fear Aggressive  Deflects or Ignores | | | |
| Does the dog chase squirrels or birds? | Yes  No |  |  |
| Ever shown aggression by another dog? | Yes  No |  |  |
| Ever shown aggression to a person? | Yes  No |  |  |
| Ever shown aggression towards another dog? Yes  No | |  | |
| If yes to any attacks or aggression, please detail: | |  | |
| Dog’s reaction to bikes or vehicles? | |  | |
| How does the dog react walking past other dogs: | |  | |

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| DOG WELFARE | | | | |
| Is the dog fully vaccinated? | Yes  No | Date of last vaccination: |  | |
| Is the dog insured? | Yes  No | Is the dog regularly wormed? | | Yes  No |
| Is the dog treated against fleas? | Yes  No | Has the dog been castrated/spayed? | | Yes  No |
| Is the dog micro chipped? Yes  No  Number (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  |

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| MEDICAL CONDITIONS AND MEDICATION | |
| Current illnesses or allergies: |  |
| Current medication: |  |
| Any other illnesses in last 12 months? |  |
| How does your dog settle? (in car / follow place command or sits and chews treat) |  |
| Is there a specific incident or cause of your dogs reactivity? |  |

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| I confirm that the dog walker can take photographs of my dog to use for their marketing purposes and I understand that I will not receive any payment for this. | Yes  No |

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| I confirm that the information provided is accurate | | | |
| Owner Signature: |  | Date: |  |