# 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: |  |