

121 ASSESSMENT FORM



ABOUT YOU

Name:		
Address:		
Home tel:	Mobile tel:	Work tel:
E-mail:		
Emergency contact name and telephone:		

IMPORTANT INFORMATION ABOUT YOUR DOG

Name:	
Age:	
Breed:	
Sex:	
Spayed/Neutered:	*please indicate when and why?
Microchipped? Chip no:	*all dogs are required by law to be microchipped and details kept up to date
ID tags?	*all dogs are required by law to wear ID tags with the following information: owners name, address and telephone number
Insured?	*we advise that you pet is insured, especially where they have medical problems, where possible.
Vaccinations:	*please ensure they continue to be fully vaccinated, flead and wormed

HISTORY:

What age was your dog when you brought them home?

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Where did your dog come from?
Was he/she rehomed or from a rescue?
Do you know the reason she was rehomed?
What was your reason for getting a dog?
Why did you choose this breed?
Why did you choose this breeder / shelter?
Was the puppy reared in kennels or the home?
Did you meet the puppy's parents? Please specify mum, dad or both?
What were the puppy's parents like when you met them?
Did you see the other litter mates?
How many males and females in the litter?
Why did you choose your puppy out of the litter?
What was your dog's behaviour like as a puppy?
What did you do on the day you brought your dog home?
What did you do over the first week or so when you first brought your dog home?

YOUR FAMILY

How many people live in your household?
Do you have children in the house? If so, please specify ages
Do you have any other animals? If so, please specify
Does everybody in the house interact with your dog?
Is this your first dog? If not, what breed have you had before?

HOUSING

Where is your dog allowed access to in your house when you're in?
Where does your dog sleep during the day when you're in?

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How much exercise does your dog have per day?
What type of exercise is this?
Does he/she go on walks alone or with other dogs?
What is their behaviour like on walks?
Are they kept on the lead or allowed off?
Does he/she interact with other dogs? If so, what is this like/
Does your dog play games on walks?
Do you play games with your dog at home?

DIET

Where is your dog allowed access to in your house when you're out?
Where does your dog sleep during the day when you're out?
Where does your dog sleep at night?
Is your dog left alone regularly?
How long are they usually left alone each day?
What's the longest amount of time they are left alone for?
Are there any problems when you leave them? Describe what happens?
Do you leave any activities for them?
Is there access to an area to toilet whilst you're out?

EXERCISE

What food does your dog eat?
How many times a day is he/she fed?
Who feeds him/her?
Do they get treats throughout the day? How often or how many?

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Does your dog eat their food in one go or do they graze?
What are they like with people or other animals around their food bowl?
Do they get given chews? E.g. bones
Are you or other animals able to approach them when they have a chew?

TRAINING HISTORY

Have you attended training classes with your dog?
How old was your dog at the time?
How long did you attend for?
Do you know what kind of training methods they used?
Have you done any training at home?
Which family member/s trains your dog?
How do you show your dog that they have done well?
What do you do if your dog misbehaves?
Were there any problems with training?
How did you toilet train them?
Does your dog have any toileting accidents in the house?
Does he/she pull on the lead?
Does he/she come to you when you call them?
What has your dog been trained to do – what do they know?

MEDICAL HISTORY

Does your dog have any medical problems? Please specify.
Has your dog had any previous medical problems or operations? Please specify.

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Is he/she on any medication?

Does he/she take any supplements?

Does he/she have any allergies? Please specify (food, environmental, etc)?

Is there anything health related we should know about?

When was your dogs last vet visit?

- What was it for?
- What did they advise?

HOW CAN WE HELP?

Please describe the reason you have asked us to visit you and your dog? Give as much detail as possible (if something seems irrelevant, pop it down anyway as it may be relevant to us).

Describe what happened immediately before the behaviour occurs? What are you doing? What is your dog doing?

What happens immediately after the behaviour has occurred? What does your dog do? What do you do?

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When did the problem begin?

When and where does the behaviour occur? Is there a particular circumstance or place?

How often does this happen? Has the frequency changed?

Have you done anything so far to try to resolve the behaviour? Please describe.

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OTHER BEHAVIOURS

Is your dog good with:	YES	NO
Children?		
Strangers?		
Family members?		
Other dogs?		
Other animals? E.g. cats, livestock		
Loud noises?		
Grooming?		
Bathing?		
Vets?		

Is your dog:	YES	NO
Aggressive in any situations? *if yes, please specify below		
Nervous of anything? E.g. new environments		
Stressed in any situations?		
Sociable?		
Confident?		

Please describe any reactive / aggressive behaviour you have noticed in as much detail as possible:

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ONGOING TRAINING

How much time would you be able to commit to working with your dog to train and/or rehabilitate them?

What do you think may happen if their current behaviour persists?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Terms and Conditions:

A deposit of 10% must be made at the time of booking.

Payment for the full amount remaining (for the one off session or full package) must be made no later than 48 hours before the session.

Cancellations can be made no later than 48 hours prior to the session and a refund (minus the deposit) will be provided. After this, a refund cannot be given.

121 sessions must be used within 6 months of booking. Using sessions outside of this time frame will mean another assessment will be needed and the session will be chargeable.

If my dog is in season or has kennel cough (or other illness) I will inform Positively Pawfect and will rearrange the session.

I agree to be responsible for the welfare of my dog during sessions.

Please refer to our Terms & Conditions and our Privacy Policy for further details. Please note that by signing this form, you agree to these terms.

Signed: _____

Date: _____

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Methods of Payment:

BANK TRANSFER: Name: Positively Pawfect Ltd

Account no: 53674053 / Sort code: 20-51-08

Ref: you and your dogs name