****

OWNER'S QUESTIONNAIRE

OWNER

Full Name………………………………………………….............................................................................................

Full Address………………………………………………….........................................................................................

Telephone (mobile)………………………………..……………………………………….................................................

Email……………………………………………………..................................................................................................

No. In Household: Adults ..............................................................Children....................................(ages)

Other Pets in home………………………………………………………..……………………….......................................

DOG

Name…………………………...................................................………………….……………………………………….......

Date of Birth/Age………………….....................................………….……………………………………………...........

Breed……………………………………........................................……………………………………………………….........

Male or Female?.............................................................................................................................................

Fully vaccinated?............................................................................................................................................

Where purchased?..................................................................................................(eg. Rescue/Breeder)

Neutered?........................................................................................................................................................

Previous Dogs Owned?................................................................................................................................

In Doggie Day Care at all or Dog Walker?
Details?...................................................................................................................................................................................................................…………………………………………...………………………………………………………....…..……………………………………………………………………………………………………………………………..............

BEHAVIOURAL INFORMATION
(please answer Y or N, then give relevant details)

Aggressive/Possessive Behaviours (eg. Growling/lunging/biting/drawing blood) – please indicate if indoors, outdoors or both

To Humans?.....................................................................................................................................................

To Other Dogs/Other Animals?.................................................................................................................

Over Toys?......................................................................................................................................................

Over Food?.....................................................................................................................................................

Over Furniture eg. sofa/bed?......................................................................................................................

Anti-Social/Annoying Behaviours

Jumping up?.....................................................................................................................................................

Excessive barking (people or dogs)?..........................................................................................................

Lead pulling?....................................................................................................................................................
(If yes, type of lead used…………………………………………………………………...……………....…………………)

Barking/Whining in Car?.............................................................................................................................

Stealing (food/objects)?…………………………………………………………………………….………………………....

Off-Lead Issues

Poor recall?......................................................................................................................................................

Rushing up to other dogs/humans?..........................................................................................................

Nervous Issues

Frightened of anything?.........................................................................................................…………………

Separation anxiety?.......................................................................................................................................

Any other issues you would like addressed?...........................................................................................
..........................................................................................................................................................................................................................................................................................

TAKE THE LEAD
ADDITIONAL INFORMATION

Where did you hear about TTL?................................................................................................................

For up-to-date prices and terms of business please see my website www.taketheleaddogs.co.uk

Payment Types: cash/contactless/bank transfer

DATA PROTECTION

Permission to use photo/video on social media? (Y/N)……………………………………………..………….......................................................................................……

Permission to administer First Aid if needed? (Y/N)…………………………………………………………………...................................................................................

I have been informed that my personal information will not be shared in accordance with Data Protection Act

Please sign below

Signature………………………………………………………………………………………….……………………………….......

Date .................................................................................................................................................................