Juvenile, Adolescent, or Adult Dog Questionnaire
(4+ months to ~7 years)

<table>
<thead>
<tr>
<th>Owners Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Dog’s Name:</td>
<td>Dog’s Age (DOB):</td>
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1. Where does your dog spend most of his/her day? (inside, outside, in a room, in a kennel, with you)?

_________________________________________________________________________________________________

2. Have you taken your dog to a training class? If so, where?

_________________________________________________________________________________________________

3. Do you train your dog? If so, how? (with treats, clicker training, etc)

_________________________________________________________________________________________________

4. Do you walk your dog? If so what type of collar does your dog wear for walks?

_________________________________________________________________________________________________

   If not, why? __________________________________________________________________________________

5. Any problems with walking your dog? __________

6. How would you describe your dog's house training?

   □ Great, not having any accidents

   □ Good, a few accidents when I forget to take him/her out (less than once a month)

   □ Could be better, numerous accidents a week

   □ Not a clue, most elimination is happening in a location I do not prefer

   Comments: __________________________________________________________________________________
7. What is your typical routine of activities with your dog each day?
____________________________________________________________________________________
____________________________________________________________________________________

8. If you have other pets in the household, describe the dog’s relationship with them.
____________________________________________________________________________________

9. Has your dog ever shown any growling, barking, snarling or mouthing/biting towards you or anyone else? If so, when?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

10. Are there things your dog is afraid of or does not like? If so, please describe.
____________________________________________________________________________________
____________________________________________________________________________________

11. Has your dog shown any of these signs: coughing, sneezing, itching, diarrhea, vomiting, or lack of appetite?
____________________________________________________________________________________

12. Any change in grooming or sleeping habits? ________________

13. Any change in water or food consumption? ________________

14. What type of food do you feed your dog and how often is he/she fed? Is food available all the time or at set "mealtimes"?
____________________________________________________________________________________

15. Any change in frequency of urination or defecation? ________________
16. What, if any, medications (over the counter or prescription) does your dog take or have applied routinely?

____________________________________________________________________________________

____________________________________________________________________________________

17. What are three things you enjoy about your dog?

____________________________________________________________________________________

____________________________________________________________________________________

18. Do you have any concerns or topics you would like to discuss?

____________________________________________________________________________________

____________________________________________________________________________________