



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

<b>Owners Name:</b>		<b>Date:</b>	
<b>Dog's Name:</b>		<b>Dog's Age (DOB):</b>	

1. Where does your dog spend most of his/her day? (inside, outside, in a room, in a kennel, with you)?

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

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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: \_\_\_\_\_



## FEAR FREE LEVEL 3 CERTIFICATION COURSE

7. What is your typical routine of activities with your dog each day?

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

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

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

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

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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"?

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15. Any change in frequency of urination or defecation? \_\_\_\_\_



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16. What, if any, medications (over the counter or prescription) does your dog take or have applied routinely?

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

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

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