

K9 NOSE WORK®

PRE-CLASS QUESTIONNAIRE

K9 Nose Work® Class

Location & Date _____

Please take a moment to answer the following questions about you and your dog.

If you have more than one dog, please fill out a questionnaire for each dog, though you may skip the questions that have duplicate information about your background and interests.

Please circle any answers that may apply.

Handler's Name: _____

Dog's Name: _____ **Breed** _____

Age _____ **Gender:** M___ MN___ F___ FS___

Is your dog a: Companion dog___ Performance/Sport dog___ Other _____

Where did you get your dog: shelter___ breeder___ friend___ pet store___ foster/rescue___

other_____ **What age were they at the time?** _____

Do you have any health considerations, issues, and/or concerns for you or your dog?

Yes___ No___ If you answered yes, please describe: _____

Are your dog's vaccines current? Yes___ No___

_____ **Check and have instructor initial vaccine records if required by facility.**

Have you ever competed with a dog? Yes___ No___ **This dog?** Yes___ No___

Please check any previous activities or sports you have done with your dogs, and add any not listed here:

Agility___ Tracking ___ Obedience ___ Rally___ Other _____

Describe your dog's daily activity level:

Please check off any fears (or nervousness) and phobias your dog may have, and please describe.

- Strangers
- Other dogs
- Environments
- Noise
- Class settings
- Other
- Not applicable.

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List in order of preference your dogs favorite items to play with (does not need to be a dog specific item): 1) _____ 2) _____ 3) _____

4) _____ 5) _____

List in order of preference your dogs favorite food/treats (either for training purposes or just to eat; [be specific: chicken, hot dogs, sardine, sweet potato wrapped fish]):

1) _____ 2) _____ 3) _____

4) _____ 5) _____

How well does your dog play with other people than you?

What are your expectations of this class?

What attracted you to this class?

Has your dog ever damaged another dog? YES ___ NO ___ If yes, how seriously?

Has your dog ever bitten a human? YES ___ NO ___

If yes, how seriously?

Please describe trigger for incident:

Signature of participant

Date

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE.