

DOG QUESTIONNAIRE

If you have not attended a Skyline Agility class in the last **12 months**, you **must** complete and return this questionnaire with your registration form.

Your dog and others will be off leash and very excited. For everyone's safety it is **vital** that you think carefully about how your dog may react in this situation. Our instructors are here to help you but can only do so with the correct information.

Owner's name _____ Dog's name _____

1. What obedience training have you done with your dog ? _____
2. Will your dog reliably: (please check) Come _____ Sit _____ Down _____ Stay _____
3. When your dog is off leash and excited in class, what concerns do you have? (please check)
 - a. Your dog will run away from you and hide _____
 - b. Your dog will run over and sniff other dogs _____
 - c. Your dog will want to play with other dogs _____
 - d. Your dog may act dominantly to other dogs e.g. hackles up, stiff tail _____
 - e. Your dog may act aggressively e.g. growl, bite _____
 - f. Your dog may act aggressively to people if touched by a stranger _____
 - g. Other (please describe) _____
4. What fears does your dog have ? (please check)
 - a. Nervous of other dogs _____
 - b. Nervous of people e.g. men, being held by the collar _____
 - c. Frightened of strange objects e.g. lamp poles, couches _____
 - d. Frightened of sounds e.g. loud bangs, shouting _____
 - e. Other (please describe) _____
 - f. None _____
5. Has your dog ever bitten? (please check)
 - a. No _____
 - b. Yes, the handler _____
 - c. Yes, another person _____
 - d. Yes, another dog _____If yes, please explain

6. Have you or your dog had any previous agility training ? If yes, tell us where and at what level. How long ago was this training ?
7. How did you learn about Skyline Agility Club ?
8. Does your dog have any health concerns or is it overweight ?
9. What is the expiration date of your dogs rabies vaccine ?

The above information is truthful to the best of my knowledge.

Signature

Date