Dog Questionnaire

If you have not attended a Skyline Agility class in the last **12 months**, **you must** complete and email this questionnaire to: training@skylineagility.org. 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	e: Dog′s Name:	
Dog's Age:	Dog's Breed:	
• What o	bbedience training have you done with your dog?	
• Will yo	ur dog reliably: (please check)	
• Come	□ Sit □ Down □ Stay □	
• Has yo	our dog earned: Star Puppy □ CGC □	
 When check) 	your dog is off leash and excited in class, what concerns do you have?	pleas
0	Your dog will run away from you and hide:	
0	Your dog will run over and sniff other dogs:	
0	Your dog will want to play with other dogs:	
0	Your dog may act dominantly to other dogs (e.g. hackles up, stiff tail):	
0	Your dog may act aggressively (e.g. growl, bite):	
0	Your dog may act aggressively to people if touched by a stranger:	
0	Other (please describe):	
What f	ears does your dog have? (please check)	
0	Nervous of other dogs:	
0	Nervous of people (e.g. men, being held by the collar):	
0	Frightened of strange objects (e.g. lamp poles, couches):	
0	Frightened of sounds (e.g. loud bangs, shouting):	
0	Other (please describe):	
0	None	

• Has	s your dog ever bitten? (please check)	
	o No:	
	○ Yes, the handler:	
	○ Yes, another person:	
	 Yes, another dog If yes to any item, please explain: 	
- -	lave you or your dog had any previous agility training? No □ Yes	
	yes, tell us where and at what level.	
	low long ago was this training?	
	low did you learn about Skyline Agility Club?	
• D	Ooes your dog have any health concerns or is it overweight?	
• V	Vhat is the expiration date of your dog's rabies vaccine?	
The abo	ve information is truthful to the best of my knowledge.	
Signature	Signature Date	