

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: _____ Dog's Name: _____

Dog's Age: _____ Dog's Breed: _____

- What obedience training have you done with your dog?
- _____
- Will your dog reliably: (please check)
- Come ☐ Sit ☐ Down ☐ Stay ☐
- When your dog is off leash and excited in class, what concerns do you have? (please check)
 - Your dog will run away from you and hide: ☐
 - Your dog will run over and sniff other dogs: ☐
 - Your dog will want to play with other dogs: ☐
 - Your dog may act dominantly to other dogs (e.g. hackles up, stiff tail): ☐
 - Your dog may act aggressively (e.g. growl, bite): ☐
 - Your dog may act aggressively to people if touched by a stranger: ☐
 - Other (please describe):

- What fears does your dog have? (please check) ☐
 - Nervous of other dogs: ☐
 - Nervous of people (e.g. men, being held by the collar): ☐
 - Frightened of strange objects (e.g. lamp poles, couches): ☐
 - Frightened of sounds (e.g. loud bangs, shouting): ☐
 - Other (please describe):

- None ☐

- Has your dog ever bitten? (please check)

○ No: ☐

○ Yes, the handler: ☐

○ Yes, another person: ☐

○ Yes, another dog ☐

If yes to any item, please explain:

- Have you or your dog had any previous agility training? No ☐ Yes ☐

If yes, tell us where and at what level. _____

How long ago was this training? _____

- How did you learn about Skyline Agility Club?

- Does your dog have any health concerns or is it overweight? _____

- What is the expiration date of your dog's rabies vaccine? _____

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

Signature _____

Date _____