K9 NOSE WORK® Pre-Class Questionnaire

Your Name:___________________________________________

Your preferred contact info: Email address: ______________________________________________

Phone_____________________________Text__________________________________

Class Location & Date __________________________________________

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

Please circle any answers that may apply.

Handler’s Name: ____________________________________________

Dog’s Name: ______________________________ Breed ________________

Age ______________ Gender: M, MN, F, FS (please circle one)

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: ______________________________________________

_____________________________________________________________________________

Is your dog allergic to any types of food? If yes, what? _________________________________

Are your dog’s vaccines current? Yes No (Current vaccine record needed at first class)

Have you ever competed with a dog? Yes No This dog? Yes No

Please circle 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

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

List in order of preference your dogs favorite food/treats (either for training purposes or just to eat; be specific: ex. chicken, hot dogs, sardine, sweet potato wrapped fish)): 1)_______________________ 2)________________________ 3) ________________________

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

________________________________________________________

What are your expectations of this class?/what attracted you to it?

________________________________________________________

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.

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