

First Friend K-9 In Kennel Training Questionnaire

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Male      Female      Spayed/Neutered: Yes      No

Age: \_\_\_\_\_ Birth date: (Month/Year) \_\_\_\_\_

Where does your dog spend most of its time?      Inside      Outside

How long have you owned your dog? \_\_\_\_\_

Where did you get your dog?      Breeder      Pet Store      Humane Society      Rescue Group

Other (please list) \_\_\_\_\_

Are there children in the home?      Yes      No      If yes, what ages? \_\_\_\_\_

Are there other dogs in the home?      Yes      No      If yes, what breed and age? \_\_\_\_\_

What brand of food does your dog eat and how much? \_\_\_\_\_

How do you consider your dogs weight?      Just Right      Over weight      Under weight

Do you use canned dog food?      Yes      No      What kind and how much? \_\_\_\_\_

Please list any other items you feed your dog other than dry dog food (i.e. vegetables, fruits, table scraps etc) \_\_\_\_\_

What type of treats do you use? \_\_\_\_\_

What type of toys does your dog have?      Rope tugs      Cow Hooves      Pig Ears      Rawhides

Stuffed Toys      Nylabones      Natural Bones      Other (Please List) \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Has your dog ever show aggression toward another person?      Yes      No

If yes, please describe the circumstances \_\_\_\_\_

Has your dog ever shown aggression towards another dog?      Yes      No

If yes, please describe the circumstances \_\_\_\_\_

Do you or your groomer have problems bathing or grooming your dog? (i.e. trimming nails, cutting hair, bathing, brushing etc)      Yes      No (please list any problems) \_\_\_\_\_

Does your dog sleep in a crate/cage?      Yes      No      If yes what type?      Plastic      Metal

Does your dog get on furniture with you or your family?      Yes      No

Does your dog sleep in bed with you?      Yes      No

How do you keep your dog in your yard?

Standard Fence      Tie Out      Underground/Electric Fence      Other \_\_\_\_\_

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has your dog had previous training? Yes No If yes where? \_\_\_\_\_

Have you attended an obedience class before? Yes No If yes where? \_\_\_\_\_

Has your dog worn a training collar before? Yes No

If yes what type? Slip Chain Prong (Pinch) Collar Electronic/Remote Collar

How do you discipline your dog? \_\_\_\_\_

Have you ever used Bitter Apple? Yes No

Does your dog have any medical problems (i.e. Thyroid, Seizures etc)? Yes No

If yes please list \_\_\_\_\_

Date last given/applied: Heartworm Medication \_\_\_\_\_ Flea Medication \_\_\_\_\_

If your dog currently taking any other medications? Yes No

If yes please list any medications with the dosing: \_\_\_\_\_

With whom did you discuss In Kennel Training when you called? \_\_\_\_\_

Did that person also discuss continuing training with an obedience class? Yes No

Are you considering taking a class after In Kennel Training? Yes No

If no, please explain why: \_\_\_\_\_

Please Circle any of the following behaviors or issues you have with your dog.

- Chewing                  Jumping                  Biting                  Barking                  Nipping                  Digging
- Chasing                  Grooming                  Pawing                  Humping                  Mouthing                  Whining
- Begging                  Licking                  Charging                  Growling                  Mounting                  Shyness
- Door Bolting              Laundry Stealing          Fence Fighting          Furniture Lounging      Bed Hog
- Thunderstorm Shy      Food Aggression          Dog Aggression          People Aggression      Fear Aggression
- Urination                  Garbage Eating              Stool Eating              Cat Litter Box Eating
- Territorial Possessiveness          Dominance                  Sharpness                  Crate Training
- Resource Guarding                          Separation Issues          Counter Surfing          House Breaking
- Small Child Aggressive                  Socially Challenged      Excited Urination          Submissive

Please use the following area to tell us anything else about your pet that you would like to.

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Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIRST FRIEND K-9

12401 Reynolds Dr.



# TRAINING SERVICES

Fishers, IN 46038

[www.firstfriendk9.com](http://www.firstfriendk9.com)

317-842-4199

[firstfriendk9@yahoo.com](mailto:firstfriendk9@yahoo.com)

Have you ever considered the use of a remote training collar or a bark collar to solidify your training?

Yes \_\_\_\_\_ No \_\_\_\_\_

If to better enable our trainers to have your dog trained more proficiently, would you allow us to use a remote training collar or a bark collar on your dog?

Yes \_\_\_\_\_ No \_\_\_\_\_

To further reinforce your training at home, would you be interested in purchasing a remote trainer or a bark collar? The purchase also includes a private lesson at half price on the correct and proper method to use the collar.

Yes \_\_\_\_\_ No \_\_\_\_\_

- The cost of the Tri-Tronics Remote training collar is \$269.99 if you would like to purchase one.

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Please allow my staff and I to thank you for choosing First Friend K9 for your boarding and or training needs and also for entrusting your First Friend with us.

Just a couple of reminders concerning the boarding, grooming and training of your First Friend. Please understand that boarding or the type of training your First Friend will be participating in will constitute a change in his or her normal environment. It is normal for dogs to experience stress in these types of situations, which can manifest itself in a variety of different ways, including but not limited to, loss of appetite, and diarrhea. We will address these concerns with you should they arise and will expect your cooperation in assisting us to ease your dog's stress. We will also expect your assistance regarding the involvement of a veterinarian should it become necessary.

All medication will be dispensed by First Friend K9 employees with the knowledge and permission from Parkside Animal Hospital.

**YES** \_\_\_\_\_ call me if my dog is treated with Metronidazole. I understand that if this occurs over the weekend I will be called on the first business day possible.

**NO** \_\_\_\_\_ do not call but TREAT my dog with Metronidazole. Please let me know at the time I pick my dog up.

All treatments will be at the owner's expense.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Sincerely,  
Bruce and Debbie,  
And the First Friend K9 staff.