

# Country Lane Pet Resort

## Pet Profile

Name: \_\_\_\_\_

Canine's Name: \_\_\_\_\_

Please complete the following survey about your pet so that we can better meet your needs as you train your canine companion. Return the questionnaire at the end of the class.

- How old was your pet when you got it? \_\_\_\_\_
- Was it: A gift  An impulse purchase  A replacement for a lost pet  A planned purchase   
Other  Explain: \_\_\_\_\_
- Where did you get your pet? Professional breeder  Pet Store  Animal Shelter  Backyard breeder or pet owner (unplanned breeding)  Found
- Why did you choose this breed? \_\_\_\_\_
- Have you trained a dog before? Yes  No  If yes, to what level? \_\_\_\_\_
- How many children are in your household? \_\_\_\_\_ Ages? \_\_\_\_\_
- Who is responsible for each of the following duties? Feeding \_\_\_\_\_ Walking \_\_\_\_\_ Training \_\_\_\_\_  
Cleaning up after pet \_\_\_\_\_ Housebreaking \_\_\_\_\_
- Who, if anyone, is at home with the pet during the day? \_\_\_\_\_
- Do you use a dog crate? \_\_\_\_\_ How much time does your pet spend in the crate each day? \_\_\_\_\_
- Is your pet housebroken? \_\_\_\_\_ If so, at what age was he successfully housebroken? \_\_\_\_\_
- Does your pet live primarily – In the house? \_\_\_\_\_ outside? \_\_\_\_\_
- If you answered “outside” to the above, is the pet: Confined by a visible fence? \_\_\_\_\_ Invisible fence? \_\_\_\_\_  
Confined by being chained or tied? \_\_\_\_\_ Not confined? \_\_\_\_\_
- Has your dog been spayed or neutered? Yes  No  If not do you plan to do so? \_\_\_\_\_
- Where does your pet sleep? \_\_\_\_\_
- What do you want from your pet? (Mark order of preference if more than one applies):

Companion dog for yourself	<input type="checkbox"/>	Companion dog for your children	<input type="checkbox"/>
Companion for another pet	<input type="checkbox"/>	A guard dog	<input type="checkbox"/>
A show dog (breed competition)	<input type="checkbox"/>	A working dog (farm, hunting, etc.)	<input type="checkbox"/>
A competition dog (Obedience, Agility, etc.)	<input type="checkbox"/>		
- Describe your neighborhood: City  Suburb or small town  Country
- How do you exercise your dog? \_\_\_\_\_
- Use the first letter of each word to describe your pet as follows: **F**riendly, **S**hy, or **A**ggressive with:

Family Members	<input type="checkbox"/>	Adult Friends	<input type="checkbox"/>	Familiar Children	<input type="checkbox"/>
Adult Strangers	<input type="checkbox"/>	Children Strangers	<input type="checkbox"/>	Other Dogs	<input type="checkbox"/>
Other Animals	<input type="checkbox"/>				
- What problems do you have with your pet?

Housebreaking	<input type="checkbox"/>	Digging	<input type="checkbox"/>	Barking or whining	<input type="checkbox"/>
Chewing	<input type="checkbox"/>	Jumping up	<input type="checkbox"/>	Biting or snapping	<input type="checkbox"/>
Pulling on leash	<input type="checkbox"/>	Car or bike chasing	<input type="checkbox"/>	Riding in a car	<input type="checkbox"/>
Running away	<input type="checkbox"/>	Fear	<input type="checkbox"/>	Coming when called	<input type="checkbox"/>

Other: \_\_\_\_\_

On the back, please tell us what you hope to learn from this course. List specific needs and any other comments. Thank you for taking the time to tell us about your pet. **Have fun training!**