Rosie’s Retreat Pre-Assessment Questionnaire

Owner Information and Dog Profile Form

Owner Details

Full Name:

Address:

Postcode:

Contact Number:

Email Address:

Dog Profile

Dog Name:

Breed:

Age:

Sex: Male / Female

Is your dog neutered/spayed: Y / N

* If applicable for male dogs, when was the procedure?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you have an unspayed female dog, when was her last season?

*(Please note we do not accept dogs when in season, if a season starts during the stay we may contact the emergency contact so they can be collected)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last vaccination:

Are the flea/worming treatments up to date? Y / N

Microchip Number:

Veterinary Practice Name:

Veterinary Practice Contact Details:

Behaviour & Temperament

Please briefly describe your dogs’ overall temperament (e.g. playful, outgoing, energetic, anxious, cuddly, independent, protective, friendly, etc.)

Does your dog show any signs of reactivity towards the following:

* Other dogs
* People
* Unneutered male dogs
* Strangers
* Children

If yes, or there is anything else they are reactive to, please provide further details:

Has your dog ever bitten or attempted to bite a person/another animal?

 If yes, briefly describe the incident:

Is your dog possessive over food, toys, attention, or space?

 If yes, please describe:

Does your dog have any fears/phobias? (e.g. thunderstorms, fireworks, separation, etc.)

 If yes, please describe:

Does your dog display any destructive behaviours? (e.g. chewing, digging, etc.)

 If yes, please describe:

Does your dog react well to being left alone? Y / N

If no, please describe:

Is your dog comfortable being handled by strangers? Y / N

Select the daytime assessment session you are looking for:

9am – 1pm **OR** 9am – 5pm

Please email this form back to rosiesretreat24@gmail.com and we will get back to you with date options.