

K9 NOSE WORK®

PRE-CLASS QUESTIONNAIRE

K9 Nose Work® Class

Location & Date _____

Please take a moment to answer the following questions about you and your dog.

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

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: _____

Are you dog's vaccines current? Yes No

_____ **Check and have instructor initial vaccine records if required by facility.**

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

Please circle any previous activities or sports that 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

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List in order of preference your dogs favorite items to play with (does not need to be a dog specific item): 1) _____ 2) _____ 3) _____
4) _____ 5) _____

List in order of preference your dogs favorite food/treats (either for training purposes or just to eat; [be specific: chicken, hot dogs, sardine, sweet potato wrapped fish]):

1) _____ 2) _____ 3) _____
4) _____ 5) _____

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

What are your expectations of this class?

What attracted you to this class?

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.