



Puppy Training Questionnaire

Client Details

Client Name:

Address:

Email:

Phone:

Please list the names, ages and occupations of each member of the household:

Name	Age	Gender	Occupation	Relationship with puppy

Patient Details

Puppy Name:

Breed:

Age (D.O.B):

Weight (kg):

Gender:

Neuter Status:

Age obtained:

Date obtained:

Source (obtained from):

Reason for obtaining:

How would you describe your puppy's personality?

Have you owned dogs previously?



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Have you owned other pets previously?

Please list any current household pets:

Name	Type/Breed	Age	Gender (neuter status)	Relationship with dog in question

With which insurance company is your puppy insured? Leave blank if your puppy is not insured.

Medical history

Please provide any medical information about your puppy that we should be made aware of:

Which vet practice is your puppy registered with?

Vaccination status:

Date of last worming:

Training

Is your puppy attending or has he/she previously attended any group classes?

What are you hoping to gain from the training?

www.donovanvetbehaviour.com | info@donovanvetbehaviour.com

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DVBP team accreditations and memberships:





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Are there specific issues that you wish to address?

Does your puppy display any unwanted behaviours?

How does your puppy's behaviour make you feel?

Do you give permission for Donovan Veterinary Behaviour Practice to use suitable photos and videos of your puppy in our printed and online publicity, and possibly to be used as examples in case studies for educational purposes?

Permission given

Do you agree to the [Terms and Conditions](https://donovanvetbehaviour.com/terms-conditions/)? (<https://donovanvetbehaviour.com/terms-conditions/>)

I have read and agree to the Terms and Conditions

Thank you for taking the time to complete this form. Please send it and any relevant information to: info@donovanvetbehaviour.com

Please add info@donovanvetbehaviour.com to your safe senders list or check your spam/junk folder in case our response is filtered there in error.

On receipt of your questionnaire, we will contact you regarding payment and any additional information required.

THIS FORM SHOULD BE COMPLETED BY THE OWNER OR SOMEONE WITH FULL PERMISSION TO PROVIDE INFORMATION AND AUTHORITIES.

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