

Please complete all sections clearly and to the best of your ability as incorrect details may invalidate services.

**Keep a copy for your records and declare any changes in writing.**

Thank you.

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### Section 1 : Dog Details

Attentive Name (name dog responds to)

Non-Attentive Name(s) (used when referring to dog)

Date of Birth

Date Homed

Litter Size

Males

Females

Unknown

Breeding Environment

Residential

Kennels

Unknown

Breed / Type

Colour

Gender

Male

Female

Date Neutered

N/A

Number of Seasons

Mid-Date of Last Season

Weight in kg at time of service required

Weight in kg at maturity

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### Section 2 : Owner Details

Full Name

Address

Postcode

Landline Telephone

Mobile Telephone

Email

Emergency Contact Name

Emergency Contact Telephone

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### Section 3 : Veterinary Details

Name & Address

Telephone

**I will provide details of up to date routine preventative treatments for my dog including core and non-core vaccinations / titre checks and I will always maintain the health of my dog in accordance to veterinary advice.**

Please tick to confirm the above declaration regarding routine preventative health care.

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## Section 4 : Day Care Requirements & History

**One regular reservation is preferred per week but not essential. Ad hoc bookings will be accommodated where possible.**

Please indicate your requirements:

MON TUES WED THUR FRI AD HOC N/A

What are your expectations of day care?

For how long has your dog been attending day care?

Can you transport your dog to / from TW13 if necessary? Yes No  
In Emergency

Will your dog be attending multiple day care facilities? Or has your dog been attending multiple day care facilities? If yes, please explain:

What feed back have you received about your dog from day care providers / walkers / sitters?

Has your dog ever been declined by a day care provider? If yes, please explain:

On return to your home in your absence where has / is / will your dog be left?

Run of house Specific room Closed uncovered crate Closed covered crate  
Open crate Pen Outhouse  
If other or specific room, please describe

On return to your home in your absence and with consideration of legal and safety implications, do you have any preference regarding your dog's collar?

No Preference Remove Collar Leave Collar On Switch for Indoor Collar  
Other

We like each dog to eat at least one daily meal with us for mental stimulation. Are you happy to prepare a name-labelled portion?

Yes No

**If your dog has any allergies or is on medication please state here:**

**Can you confirm that you agree...**

...to ensure your dog is wearing an appropriate collar and lead that is safely fitted and that Rachel Worley or associates reserve the right to use alternate equipment for safety or comfort of your dog  
...to ensure your dog is comfortable during all weather conditions by providing, thermal, waterproof or cooling clothing  
...to advise Rachel Worley of any displays of aggression shown by your dog, or any changes in health, behaviour or temperament at any time prior to your dog joining us  
... that any verbally or physically abusive behaviour towards dogs or people will not be tolerated  
...by completing this form you may receive Reality Dog Training communications which you can unsubscribe from at anytime

YES

Do you consent for visual material of your dog to be used by Reality Dog Training on social media and / or promotions?

Yes No

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## Section 5 : Feeding Details

**Exactly** what is your dog usually fed **and** in what quantities?

By what method(s) is your dog fed? (Please indicate all that apply.)

From a Bowl

By Hand

Interactive Feeder, eg, Buster Maze, Nina Ottosson Activity Game, KONG, Buster Cube

Scattering

Other:

Is your dog fed at set meal times?

No

Yes (state time(s) please)

Does your dog always eat what is offered?

Yes No

Does your dog graze on food throughout the day?

Yes No

Do you offer your dog snacks / chews between meals?

Yes No

How often is your dog fed meals / snacks / chews in the presence of other dogs?

Never Occasionally Frequently

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## Section 6 : Overnight Details

Overnight, what does your dog sleep in / on?

Own bed

Open crate

Closed crate

Share bed / crate with another dog

Share bed with you / other person

Other

Overnight, in which room does your dog sleep?

Is your dog put to bed at night at a set time?

No

Yes (please state time)

Is your dog woken in the morning at a set time?

No

Yes (please state time)

Compared to you, when is your dog put to bed?

Before you

Same time as you

Varies

Excluding Veterinary Practices or Boarding Kennels, how often has your dog stayed overnight away from home?

Never

Once

Occasionally

Frequently

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## Section 7 : Motivational Details

Please rate the following from **1 - 6** in order of preference **that your dog would choose** if all were available simultaneously, with 1 being the preferential choice:

Food Interaction with dogs Toys Interaction with people Water Time alone

## Section 8 : Exercise & Toileting Details

How much on-lead exercise does your dog receive daily?

On which side of you is your dog when walked on lead?

Left only

Right only

Swaps between left & right at will

Left or right at walkers choice

Neither...walks ahead

Neither...walks behind

How much off-lead exercise does your dog receive daily?

Is your dog exercised at a set time every day?

No

Yes (state time(s) please)

In which parks / public spaces do you frequently exercise your dog off-lead?

How many hours rest per day does your dog receive?

Does your dog have a preferred toileting surface?

No

Yes (please describe)

When was the last time your dog toileted in your house?

What surfaces are in your garden? (Please indicate all that apply)

Don't have garden

Grass

Paving

Decking

Gravel

Other:

Is your dog coprophagic?

Yes No

Does your dog roll in faeces?

Yes No

Does your dog chew sticks?

Yes No

Will your dog exercise / toilet in the rain?

Yes No

Does your dog like to swim?

Yes, swims in deep water

Paddles in shallow water only

No

Please describe the suitable drying-off area within your home should your dog be wet / damp on return:

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## Section 9 : Grooming Details

How often does your dog shed hair? (Please indicate all that apply.)

Never

Spring

Summer

Autumn

Winter

How often do you groom your dog?

Never

Daily

Weekly

Monthly

How often do you wash your dog, (including without product)?

Never

Daily

Weekly

Monthly

Only if necessary

How often does your dog require professional grooming?

Never

Weekly

Monthly

Quarterly

Yearly

How does your dog react to being bathed / showered by you?

Enjoys

Tolerates with no objection

Tolerates after objection

Frantically objects

Don't know

## Section 10 : Separation Details

Generally, how long is your dog left alone during the day?

On a typical working day, what time do you leave home?

On a typical working day, what time do you return home?

On average, for how long is your dog within a closed crate during the day when left alone?

Never as can't cope      Never but can cope 1-4 hrs      1-4 hrs      More than 4 hrs

On average, for how long is your dog within a closed crate during the day when not home alone?

Never as can't cope      Never but can cope 1-4 hrs      1-4 hrs      More than 4 hrs

How emotionally secure is your dog when left alone?

Not at all      Moderately      Very      Don't Know

How vocal is your dog when left alone?

Not at all      Moderately      Very      Don't Know

How destructive is your dog when left alone?

Not at all      Moderately      Very      Don't Know

Does your dog ever take him/herself off to bed alone?

Yes      No      Don't Know

In the same room, is your dog happy to settle at a distance from you?

Yes      No      Don't Know

How often does your dog follow you from room to room?

Always      Never      Sometimes      Don't Know

How often can you move from room to room without your dog following you?

Always      Never      Sometimes      Don't Know

When home alone, where does your dog have access to?

Run of the house      Run of a single floor      Access to a single room      Crate / Pen  
Other

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## Section 11: Play Details

Does your dog play alone with toys?

No      Don't Know  
Yes:

Does your dog play with you with toys?

No      Don't Know  
Yes:

How does your dog interact with other dogs with toys:

Does your dog have a favourite toy?

No      Don't Know  
Yes:

Does your dog fetch?  
If so where is item dropped?

No      Yes...      In-hand  
At feet      At Distance

Does your dog play tug-of-war?

No      Don't Know      Yes

How does your dog access toys?

At will from around the house  
At will from a specific place  
Only a person has access to provide

## Section 12 : Training & Behaviour Details

Has your dog received any formal training?

No Yes

If **yes**, please give details:

If you call your dog's name, will he / she make eye contact with you?

No Yes

If you make eye contact with your dog and smile, does he / she wag his / her tail?

No Sometimes Always  
Dog doesn't have a tail Dog has a tail but is unable to wag it

How do you rate the ability of your dog to come when called during off-lead exercise?

<50% 50% - 80% 80% - 90% 100%

Was your dog recall trained using a trailing long line?

Yes

No

Is your dog still currently undergoing recall training?

No

Yes, via:

Please describe any instances when your dog has over reacted to the presence of people or other dogs:

For how long has your dog been accustomed to a crate?

Never With Breeder / Rescue Only Less than 6 months from homing  
6 months - 1 year from Homing 1 - 2 years from Homing Always

Is your dog content within a closed crate now?

Yes No Don't Know

How often is your dog allowed on furniture?

Never Only by invitation At will

Do you have a car?

Yes No

How frequently does your dog travel in a car?

Never Daily Weekly Monthly

How is your dog prevented from being a distraction to the driver when travelling in a car? (Please indicate all that apply.)

N/A Harness Crate Guard Unsecured

Does your dog settle quietly when travelling in a car?

Don't Know Yes No

Does your dog suffer from travel sickness?

Don't Know Yes No

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## Section 13: Doggie Dictionary

*Sit Down*

*Lay Down*

*Get Down*

*Walk Nicely*

*Come when Called*

*Don't Touch*

*Leave the Room*

*Keep Still*

*Emergency Stop*

*Go to Bed*

*Help Yourself*

*Pick Up & Carry*

*Bring to Me*

*Give to Me*

*Go to Toilet*

*Please state any other tricks:*

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## Section 14: Socialisation Details

*Please tick any of the following with which your dog has been successfully socialised, ie, is non-reactive towards:*

*Adult Dogs*

*Puppies*

*Babies*

*Children*

*Teenagers*

*Joggers*

*Cyclists*

*Ball Game Players*

*Picnicers*

*Cats*

*Small Furrries*

*Horses*

*Cattle*

*Sheep*

*Deer*

*Swans*

*Ducks*

*Washing Machine*

*Vacuum Cleaner*

*Food Blender*

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## Section 15: Other Details

*Please use this space, continuing on an additional sheet if necessary, to provide any other information which you feel may be relevant :*

## Section 16: Declaration

***Submission of this form provides my confirmation that all details provided are correct and to the best of my knowledge. I agree to provide any changes or new details in writing and understand that false information may invalidate services.***