

# Pre-Ownership Consultation Form (to be completed by an adult)

1 of 6 ~ About You & Your Household...		<i>page 1 of 7</i>	
Surname		Do you currently own a dog / dogs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Christian Name		Have you or anyone in your household previously owned a dog / dogs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email (see note overleaf in section 6)			
Mobile Tel		<p>Briefly describe any current / previous dog(s) and summarise the relationships between you, including any problems or highlights.</p> <p>Please indicate <b>breed / type, gender</b>, whether <b>neutered, age</b> when homed, <b>length of time with you</b> and whether <b>acquired</b> from a breeder, rescue centre, internet purchase or other.</p>	
Address			
Postcode			
Do you live alone?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Age(s) of Primary Carer(s)	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+		
Occupation(s) of Primary Carers(s)			
If applicable, age range and occupation of other adults	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+		
If applicable, ages of any children		Pets other than dogs at home, (Species / Age, Gender)	

Do other children visit regularly?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Typical daily routine including pattern of leaving & returning home, number of hours away from home each day etc.	
Is anyone in your household frail?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes to the above, please explain:			
Does anyone in your household have allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes to the above, please explain:			
How would you describe your home?	<input type="checkbox"/> Apartment / Maisonette (ground floor) <input type="checkbox"/> Apartment / Maisonette (upper level) <input type="checkbox"/> Mid-Terrace <input type="checkbox"/> Semi-Detached / End-Terrace <input type="checkbox"/> Bungalow - with neighbours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Detached - with neighbours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other - with neighbours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Training Classes / Puppy Sessions, including KCGCDS Awards achieved	
Does your home have outside space?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Communal <input type="checkbox"/> Yes - Private with : <input type="checkbox"/> Grass <input type="checkbox"/> Decking <input type="checkbox"/> Paving <input type="checkbox"/> Coco Mulch <input type="checkbox"/> Other	What do you hope to achieve from the consultation?	
Are any of your circumstances likely to change?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**What would you be able to do to appropriately socialise your dog?**

**What do you consider best to appropriately train your dog?**

**Where would you be able to go to appropriately exercise your dog, for how long and how?**

**What are you able to do to appropriately mentally stimulate your dog, for how long and how?**

**Do you have any particular enthusiasm or activity in mind for your dog (eg flyball, agility, ringcraft, trials, breeding?)  
If yes, what would you like to do?**

**What are you able to provide for your dog in terms of its safety and emotional security in the home?**

- Constant Company     Room of its Own     Run of the House     Own Bed in Your Bedroom     To Sleep with You  
 Own Bed not in Your Bedroom     Crate     Pen     Other (please state) :

**What size of dog would you like?**

- Toy    Small    Medium    Large    Giant    No preference

**What coat type would you prefer your dog to have?**

- Hairless    Wire    Smooth    Short    Medium    Long    No preference

**Would a dog that shed hair be a nuisance?**

- YES    NO

**Would a dog that requires professional grooming be a problem?**

- YES    NO

**Would a dog that is particularly vocal be a problem?**

- YES    NO

**Which of the following would you prefer?**

- Puppy    Adolescent    Adult    Veteran    Rescue    Siblings    No preference

**Do you have a shortlist of breeds? If so, what has attracted you and what research has helped?**

**Is there are breed or type of dog you would not consider? Why is this?**

**4 of 6 ~ Preferred Method of Payment...** Please complete one box below as appropriate

I confirm I **have paid** £145 via transfer with the reference / account name: \_\_\_\_\_

**5 of 6 ~ How did you hear about Rachel Worley (Reality Dog Training & Pet Dog Behaviour) ?**

Seen in Marble Hill Park

Vet (which?) :

Internet Search

Referral (who?) :

Facebook

Other (what?) :

**6 of 6 ~ I confirm the information provided on this form is accurate to the best of my knowledge.**

**Signed**

**Date**

**OFFICIAL USE ONLY**

**YES / NO** Attached Contact Form

**YES / NO** Attached Enquiry Form

**YES / NO** Attached Pre-Ownership Form

**DATE**

Please use this space to provide any other information you feel may be useful including any special considerations, medical or otherwise for handlers or existing pets.