

CCHS Basic Manners Group Class Questionnaire

Your Name: _____ Dog's Name: _____

E-mail: _____ Phone #: _____

1. Is your dog up to date on vaccines (including Distemper, Parvovirus, Hepatitis, Leptospirosis, Rabies, and Bordetella)? If not, are you willing to update vaccines before the start of class?

Yes No

2. What specific goal(s) do you hope to achieve by attending group class?

3. Has your dog ever been involved with an Animal Control agency for any reason? If so, why?

4. Has your dog ever growled, snapped, snarled, or exposed his/her teeth in response to person or dog? If yes, please describe the incident.

5. Has your dog ever bitten, nipped, scratched, or otherwise injured a person or animal? If yes, please explain.

6. What does your dog do when another dog approaches while out on a walk? Please describe body language, actions, and any vocalizations.

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7. What does your dog do when a stranger approaches while out on a walk? Please describe body language, actions, and any vocalizations.

Thank you for taking the time to fill out this questionnaire.
The information provided will help us determine if a group class is right for you and your dog.
Please email completed form to breanne@cuhumane.org for review and our staff will be in touch with you with any further questions and/or to complete enrollment.