

Reactive Rover

Student Questionnaire



Thank you for your interest in Reactive Rover. Please complete this questionnaire, save it, and email it to dogtraining@seattlehumane.org.

Class date/time preference First choice: _____ Second choice: _____

Owner Information Date: _____

Name(s): _____

Phone: _____

Email: _____

Dog Information

Your Dog's Name: _____

Age: _____

Weight: _____

Breed: _____

Male/Female: _____

Spayed/Neutered: Yes No

Where did you adopt or purchase your dog? _____

If adopted from Seattle Humane please provide the ID number: _____

How long have you had your dog? _____

Are there other dogs in the household? Yes No

If yes, please list breed, sex, spay/neuter status:

How do they get along? _____

What history (if any) did you receive about your dog's behavior toward other dogs?

Some behavior issues can stem from medical/health issues; we encourage you to take your dog to your veterinarian for a complete physical including bloodwork.

Any health/medical issues? If yes, please explain: Yes No

Is your dog on any medications? If yes, please list: Yes No



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On-Leash Behavior With Other Dogs

When on leash, what does your dog do when he sees another dog? **Check all that apply** and specify at what distance from the other dog the behavior occurs.

Barks at distance:

- Under 10 feet 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Snaps at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Lunges at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Ignores at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Growls at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Bites leash at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Bites handler at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Jumps on handler at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Wags tail & greets the other dog at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet;
 Does not Other (please explain): _____

Hides behind owner or retreats at distance:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet
 Does not Other (please explain): _____

Will eat a treat (if your dog will not eat a “regular” dog treat in the presence of another dog, please try this with a high value treat such as hotdogs or cheese **BEFORE** submitting your questionnaire):

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet
 Does not Other (please explain): _____

Will pay attention and ignore the other dog if handler has a treat:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet
 Does not Other (please explain): _____

Will pay attention and ignore the other dog if handler has a toy:

- Under 10 feet; 10 – 30 feet; 30 – 50 feet; Over 50 feet
 Does not Other (please explain): _____

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Equipment used to walk your dog:

Flat collar Head Collar Front-clip harness Prong collar Other (please explain): _____

Off-Leash Behavior With Other Dogs

When, where, and how often does your dog interact OFF-LEASH with other dogs? _____

Describe your dog's typical behavior: _____

Dog Fights

Has your dog ever been in a dog fight?

Yes

No

If yes: how many times? _____

Has your dog ever attacked another dog?

Yes

No

If yes: how many times? _____

Has your dog ever been attacked by another dog?

Yes

No

If yes: how many times? _____

Behavior With People

How does your dog typically behave towards new people? _____

Has your dog ever nipped at or bitten a person?

Yes

No

If yes: how many times? _____

Previous Training

Have you taken classes or worked with a private trainer with this dog?

Yes

No

If yes, please list the name of the trainer/facility and types of classes/training: _____

Types of rewards (food, toys, etc): _____

Types of corrections (leash corrections, verbal, etc): _____

Your Goals & Commitment

List your specific training goals for this class:

Can the same handler attend all 6 weeks of class?

Yes

No

Can you commit to 30 minutes of homework daily?

Yes

No

Are you comfortable changing your dog's feeding routine, including type and amount of food?

Yes

No

Are you comfortable using human-grade food (meat, cheese, peanut butter) to reward your dog's behavior?

Yes

No

Are you willing to change your dog's daily walking routine in order to improve his behavior?

Yes

No

If you use correction-based methods (prong collars, verbal reprimands, alpha rolls, or other punishment) are you willing to give these methods up?

Yes

No

Are you willing to purchase a front-clip harness or other recommended equipment?

Yes

No