



# NOSA – Beginners

(North Saanich Dog Obedience Training Club)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BREED \_\_\_\_\_ SEX \_\_\_\_\_ SPAYED / NEUTERED? \_\_\_\_\_

1. How long have you owned your dog? \_\_\_\_\_

2. How many dogs do you presently own? \_\_\_\_\_

3. Do you walk your dog regularly? \_\_\_\_\_

How often? \_\_\_\_\_ How long? \_\_\_\_\_

On leash? \_\_\_\_\_ Off leash? \_\_\_\_\_

4. Does your dog come when called?

Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

5. Have you ever attended an obedience class before? \_\_\_\_\_

6. Do you have a fenced yard for your dog? \_\_\_\_\_

7. How long is your dog at home alone on a regular basis? \_\_\_\_\_

8. Where does he spend the majority of the day? \_\_\_\_\_

9. Does your dog play with toys or retrieve? \_\_\_\_\_

10. What is your dog's best characteristic? \_\_\_\_\_

11. What is your dog's worst characteristic? \_\_\_\_\_

12. What do you hope to accomplish in this class? \_\_\_\_\_

13. Do you have any special needs or requirements the instructor should know about?

14. Does your dog have any physical problems or disabilities? \_\_\_\_\_

