

TRAINER QUESTIONNAIRE & INTAKE ASSESSMENT FORM



This form must be completed prior to the assessment & given to assessor on the day

| | | | | | | | |
|------------------------|--|-------------------|----------------|--------------------------------|--|--|--|
| Greyhound Race Name: | | | | Trainer Name: | | | |
| Greyhound Kennel Name: | | | | Mobile Number: | | | |
| DOB: | | | | Region: | | | |
| Ear Tag: | | | | Regular Vet: | | | |
| Microchip Number: | | | | Colour: (as listed in Ozchase) | | | |
| Sex: | | | | Desexing Date: | | | |
| 1. | Has your greyhound been around small dogs? | Yes | No | Reaction: | | | |
| 2. | Has your greyhound lived inside a house, socialised in a house or is house toilet trained. | Yes Yes Yes | No No No | Response: | | | |
| 3. | If in a house what household items have, they been exposed to (see note 1 below) | | | Reaction: Which items: | | | |
| 4. | Has your greyhound had crate training or exposure? | Yes | No | Reaction: | | | |
| 5. | Has your greyhound been around water? (see note 2 below) | Yes | No | Reaction: | | | |
| 6. | Has your greyhound been around children? (See note 3 below) | Yes | No | Reaction: Activities: | | | |
| 7. | Has your greyhound been around or seen a cat or pocket pet eg: bird or guinea pig etc? | Yes | No | Reaction: | | | |
| 8. | Has your greyhound been in a car/trailer or transporter? | Yes | No | Which one/s: Response: | | | |
| 9. | Does your greyhound resource guard, food, toys, kennel or people | Yes | No | Which one/s: Reaction: | | | |
| 10. | Has your greyhound been around strangers or people off property | Yes | No | Which one/s: Response: | | | |
| 11. | How does your greyhound respond at the vets | | | Describe: | | | |
| 12. | Is your greyhound sociable with other greyhounds (does gender effect response) | Yes | No | Which one: Reaction: | | | |

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|-----|---|------------|----------|-------------------------------|
| 13. | Does your greyhound have a kennel name. Does the greyhound know their name | Yes Yes | No No | Name: Response: |
| 14. | Does your greyhound have sleep startle | Yes | No | If yes, how do their respond? |
| 15. | What environmental exposures has your greyhound experienced. (see note 4 for explanation) | | | Describe: |
| 16. | Has your greyhound been walked on a lead | Yes | No | Response: |
| 17. | Does your greyhound have any current injuries or plates inserted (see note 5 for explanation) | Yes | No | Describe: When: |
| 18. | Do you use worming treatment? When last administered? | Yes | No | Brand: Dosage: Date: |
| 19. | Does your greyhound play with toys or any other items | Yes | No | Describe: |
| 20. | Do you provide any items for dental health | Yes | No | What: Frequency: |
| 21. | When was the last time your greyhound had a dental | | | When Where Result |
| 22. | Has your greyhound been vaccinated | Yes | No | When: Where: Type: |
| 23. | How long has the greyhound resided at your kennels | | | |
| 24. | Describe your greyhound's personality (see note 6 below) | | | |

Name:

Date:

Signature:

Note 1: Items such as washing machines, lawn mowers, whipper snippers, tv, different floor surfaces, glass doors, microwaves, telephones, furniture, doorbells,

Note 2: bathing, swimming pools, dams, clam pools, hoses, the beach, rivers.

Note 3: What was the age of the children, was the greyhound on lead or off lead, response to play with children, jumping on, patting or hugging, running of children, or at a distance, sounds of children.

Note 4: busy streets, traffic, racetracks, shopping centres, schools, heavily populated, street noise, farms, paddocks,

Note 5: Race or property injuries, when and what. Plates, surgery, illnesses, including panus, breaks, fractures, do they need any medication if so for what. If a plate has this been removed and by whom.

Note 6: Energetic, lazy, calm, short spurts of energy, shy, confident, anxious, timid, outgoing, friendly, jumpy, barker, digger, fence biter, etc.