

Intake Form Fitness

* Verplichte vraag

Naamloze sectie



Please fill out this form completely. This form is the starting point of the Intake

Owner

1. Name *

Y. van Brussel

2. Address

Sophiastraat 45



3. Postcode/Zipcode

6882 NJ

8. City

Velp

9. Country

Nederland

10. Telephone *

0612345678

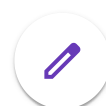
13. E-mailaddress *

iemeel@iemaal.nl

Dog

14. Name *

Amber



15. Date of Birth (if unknown date as in passport) *

Datum

25-09-2021

16. Breed (or mix) *

Galgo Espagnol

17. Gender *

Male

Female

18a. Neutered? *

Yes

No

18b. Date of neutering (aprox.)?

Datum

01-10-2022

19. Weight (in kg) *

23.1



20. Hight (shoulder hight) in cm *

64

Medical History

21. Has your dog been vaccinated regularly?

- Yes
- No
- unknown

22. Which vaccinations and when the last time?

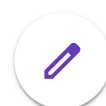
complete cocktail + kennel cough

23. Has your dog had any illnesses? *

- Yes
- No
- Unknown

24. If yes in the previous question: which illnesses? *

Jouw antwoord



25a. Has your dog had any surgery other than neutering?

Yes (pls also answer next question)

No

25b. If yes in the previous question: What kind of surgery *

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26a. Is your dog on any medication or supplements? *

Yes (pls answer next question)

No

26b. If yes in the previous question: pls describe what medication(s)/Supplement(s), what dosage and why

Sulphur 0/2 (LM2)

Pulsatilla 0/3 (LM3)

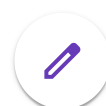
Carcenicum 0/3 (LM3)

Spag immun

26c. Has your dog had any medications in the past? (other than the above) *

Yes (pls answer next question)

No



26d. If yes in the previous question: what, what dosage, why?

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27a. Is your dog being treated for any condition by another veterinary health professional other than your regular or referring vet?

Yes (pls answer the next question)

No

27b. If yes in the previous question: what kind of health professional , since when and why?

Homeopath for allergies

27c. Has your dog had any therapy (eg. fysio) in the past? *

Yes (please answer next question(s))

No

27d. If Yes in question 27c: What kind of therapy, when and why

Jouw antwoord

27e. Please list any health issues you have not (yet seen a vet for? Why not/when will you see a vet?

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28. Does your dog have any food allergies? *

Yes (please answer next question)

No

Unknown

29. If yes in the previous question: What food(s)?

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30. Does your dog have any other allergies? *

Yes (please answer next question)

No

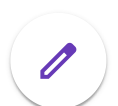
Unknown

31. If yes in the previous question: What allergies?

Unknown yet.

(Referring) Vet or veterinary clinic and other health professionals

If you were not referred, please use data of your regular vet)



32. Regular Vet: Name, address, telephone and email address *

Lingehoeve
Het Kwadrant 6, 6666 AR Heteren
Tel. 026-2001227
E-mail: heteren@delingehoeve.nl

33a Have you been referred to us for conditioning?

- Yes (Pls answeare next question(s))
- No

33b. Referring vet: Name/Address/Telephone/Email

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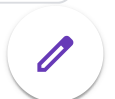
34a. Do you go to any other animal health professional besides your regular or the referring vet (see also question 27a)?

- Yes (pls answer the next question)
- No

34b. If Yes in question 34a: pls give Name/Address/Telephone/Email of all animal health professionals your dog has been to.

Homeopath
Sylvia Manon
06 20013042
sylvia_manon@hotmail.com

Activities



35. How often and how long do you walk your dog during the day

1 long walk > 1 hour, several short walks

36a. Have you done any fitness or conditioning training with your dog?

Yes (please answer next question)

No

36b. If Yes in de previous question: When, where and what?

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37a. Is your dog a sport or working dog (do you sport / work weekly, do you participate in matches or does your dog work for eg police, SAR or as guide dog?)

Yes (please answer next question)

No

37b. If yes in the previous question, what kind of sports or work, how often do you train/work/participate in matches?

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37c. Other than with this dog. How much (if any) and what experience do you have in training a dog or teaching a dog specific behaviours?

Not specific training experience but I have had a lot of doggie companions and husband is owner of a dog walking service. We have a lot of guest and holiday dogs.

38a. Is your dog involved in any of below activities?

- Shows
- Obedience
- Canicross/Running
- Hiking and long walks
- Swimming
- Other (pls. answer next question)
- Non of the above

38b. If "other" in previous question, what activity?

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38c. Which of below activities if any do you consider to participate in with your dog in the future?

- Shows
- Obedience
- Canicross/Running
- Hiking and long walks
- Swimming
- Other (pls. answer next question)
- Non of the above

38d. If "other" in previous question, what activity?

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38e. Tell something about your dogs activities. How often, how long, in a group, etc.

Most of all "daily walks with dog walking service. The group is max 15 dogs. Own dogs + client dogs

House and household

39. Does your dog life inside or outside?

- Mostly inside
- Mostly outside
- Both inside and outside



40a. Does your dog climb stairs?

- Yes
- No
- Not allowed

40b. How often does your dog climb stairs per day?

- Once
- A few times (2-4 times)
- As often as she wants

41. Is your dog allowed to jump on the furniture?

- Yes
- No

42. What kind of flooring do you have in the spaces where your dog lives?

Vinyl flooring



43a. Are there any of the following housemates?

- Children (up to 14 years)
- Grown ups
- Other dogs
- Cats
- Other pets

43b. If there are children: how many and what are their ages?

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43c. If there are grown ups: how many and what are their ages?

2 grown ups both 40+

43d. If there are other dog: how many, what breeds and what are their ages?

4 other dogs: 2 male, 2 females The males are between 3 and 5, the females: 9, 9, and ?

43e. If there are cats: how many?

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43f. If there are other pets: how many and what kind?

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44a. What food does your dog get?

Raw meat, complete food.

44b. How many meals per day?

- One
- Two
- Three
- There is always food in the bowl

44c. What and how often does your dog get treats?

Dried chicken bites. Several times a day

Goals

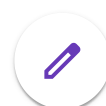
45a. What are your goals for your dog with this conditioning and fitness training? *

Start running with Amber. Amber needs to be as fit as possible

45b. Why do you want to do conditioning and fitness training? *

Didn't know about the possibility of conditioning until Hanneke needed a practice client

Commands and Targeting



46a. Select all commands your dog knows

- Sit
- Stand
- Down
- Back up
- Forward
- Sideways
- Circle
- Paw on/ Paw off
- Stay or Wait
- Other, please answer next question

46b. Which other commands is your dog familiar with?

Here/come

47a. Are you and your dog familiar with targeting?

- Yes (please answer next question)
- No

47b. What kind of targeting is your dog familiar with? Eg. nose to hand or hind paw to target

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48. Can your dog do a play bow on command or stretching?

Yes

No

49. Can your dog put his paws on an object or against you on asking?

Yes

No

50 Do you have any questions or other information you think is important?

No

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