

Dog Evaluation Report					
<b>Applicant Name:</b>					
Dogs Name:		Breed/ colour		Where did you get the dog from?	
What age was the dog when you got it?		Have they attended training classes?		Please give details	
Are you happy to use food reward for training?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Please state if you have used any particular training method in the past	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details, e.g positive reinforcement					
Have you ever sought behavioural advice: if yes, please give details including the reason why:					
The following questions are designed to allow you to describe how your dog has recently been behaving. Please fill in this form as honestly as you can. Leave a question blank if you cannot answer it for some reason (for instance you have never observed the dog in the situation described). Please add any additional comments at the end of each section and on the last page.					
<b>Home Environment</b>					
<b>Attachment and attention seeking:</b>					
Does your dog:	Yes/No	Comments			
Display a strong attachment for a particular household member?					
Sit close or in contact with you?					
Follow you around from room to room?					
Nudge or paw you for attention?					

# Medical Detection Dogs



Become agitated when you show affection to other people or animals?			
<b>Additional comments:</b>			
<b>Food:</b>			
Does your dog use food/toys	Yes/No	Does your dog beg?	Yes/No
Does your dog take food gently?			Yes/No
Is your dog comfortable with your presence when eating foods or bones etc? i.e. could you reach down and touch the bowl when they are eating?			Yes/No
<b>Additional comments:</b>			
<b>Separation:</b>			
Does your dog become agitated or noisy when left in the car or at home?		Yes/No/Sometimes	
<b>Additional comments:</b>			
<b>Fear or Strange Reactions:</b>			
Has your dog demonstrated any fear or strange reactions to anything or a situation (e.g. loud noises, men, children, people, traffic, shops, shopping trolleys, bags, umbrellas, hoover, prams, ironing board?). If so, what was your dog's behaviour? (Please check all that apply.)			
Barking?	<input type="checkbox"/>	Snapping/snarling?	<input type="checkbox"/>
Lunging?	<input type="checkbox"/>	Backing off/fear?	<input type="checkbox"/>
None of these?	<input type="checkbox"/>		
Is there anything specifically that you know your dog has an aversion or dislike to?			Yes/No
If yes, please specify:			

<b>Additional comments if showing these behaviours:</b>			
When experiencing a medical episode have you ever noticed any of the following behaviours in your dog?			
Behaviour	Yes/No	Comment	
Staring			
Sniffing			
Licking			
Nudging			
Pawing			
Restlessness/pacing			
Jumping up			
Barking			
Resting head on your lap			
Sudden disobedient behaviours			
Waking you at night for no apparent reason			
Avoidance			
Any kind of aggression towards you or another person			
Backing away from you			
<b>Spending Routine:</b>			
Has your dog soiled indoors in the last month?	Yes/No	If yes, when and where?	
Does your dog ask to go out to the toilet?	Yes/No	If yes, what do they do?	
What is the normal spending routine of your dog (How many per day, times, preferred surface?)			
Does your dog spend on command?		Does your dog experience bouts of diarrhoea?	
<b>Additional comments:</b>			
<b>Behaviour in the Home, Does/is your dog:</b>			

# Medical Detection Dogs



Easy to live with?	Yes/No	Chew inappropriate objects?	Yes/No
Hump/mount objects, furniture or people?	Yes/No	Tolerant of being shut away from people?	Yes/No
Give a paw?	Yes/No	Lick a lot?	Yes/No
Carry things around?	Yes/No	Stealing clothing/ food?	Yes/No
Towelled dry?	Yes/No	Get up on furniture, sofa, chairs etc.?	Yes/No
Put paws on work surfaces?	Yes/No		
<b>Additional comments:</b>			
<b>Children:</b>			
What contact does your dog have with children?			
How frequently is this contact?			
If so, what ages? (Please check all that apply.)	Under 1?		2-5 years?
	6-10 years?		11-15 years?
	15 years +?		
Is your dog: (Please check all that apply.)	Friendly?	<input type="checkbox"/>	Hesitant?
	Barks?	<input type="checkbox"/>	Backs off?
	Growls?	<input type="checkbox"/>	
<b>Additional comments:</b>			
<b>Reaction to Visitors:</b>			
Please check the ones relevant to your dog:			
Confident?	<input type="checkbox"/>	Friendly?	<input type="checkbox"/>
		Hesitant?	<input type="checkbox"/>

# Medical Detection Dogs



Nervous?	<input type="checkbox"/>	Submissive?	<input type="checkbox"/>	Jumps up?	<input type="checkbox"/>
Backs off?	<input type="checkbox"/>	Not bothered?	<input type="checkbox"/>	Mouths people?	<input type="checkbox"/>
Sit/settle nicely?	<input type="checkbox"/>	Plays with toys?	<input type="checkbox"/>	Greets?	<input type="checkbox"/>
Licks?	<input type="checkbox"/>	Barks?	<input type="checkbox"/>	Brings items in mouth?	<input type="checkbox"/>

**Additional comments:**

### Handling Dog:

Can you check ears/ eyes/mouth?	Yes/No	Groom dog all over?	Yes/No
Does he/she fidget?	Yes/No	Mouth you?	Yes/No
Wriggle?	Yes/No	Lay on back?	Yes/No
Stand still?	Yes/No	Enjoy the experience?	Yes/No
Does he like being bathed?	Yes/No		

**Additional comments:**

### Exercise:

What time(s) is your dog usually exercised?	
How long approximately?	
On lead or free running?	

**Additional comments:**

Outside Environment					
Open areas – does your dog:					
Like water?	Yes/No	Chase other animals?	Yes/No		
Chase people?	Yes/No	React to birds?	Yes/No		
Chase bicycles?	Yes/No	React to horses?	Yes/No		
Dig or destroy the garden?	Yes/No	Eat own or other dog's faeces?	Yes/No		
Roll in animal droppings or other smelly substances?					
<b>Additional comments:</b>					
Traffic:					
What types of roads is your dog used to? (Please select all that apply.)					
Very busy	<input type="checkbox"/>	Busy	<input type="checkbox"/>	Steady flow	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	Very quiet	<input type="checkbox"/>	All	<input type="checkbox"/>
Pull towards vehicles?	<input type="checkbox"/>	Ignores traffic?	<input type="checkbox"/>	Apprehensive/shies away from passing traffic?	<input type="checkbox"/>
<b>Additional comments:</b>					
In town and busy areas:					
How often does your dog visit town? (Please select all that apply.)					
Everyday	<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Twice a week	<input type="checkbox"/>

# Medical Detection Dogs



Once a week	<input type="checkbox"/>	Once a fortnight	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Never	<input type="checkbox"/>	Please list towns visited:		Are there any areas visited your dog doesn't like?	
Have any signs of anxiety/fear/unusual reaction been seen whilst your dog is in this environment?		Comment			
<b>Other dogs:</b>					
How does your dog react to other dogs when it's on lead?					
Barks?	<input type="checkbox"/>	Pulls?	<input type="checkbox"/>	Get excited?	<input type="checkbox"/>
Ignores?	<input type="checkbox"/>	Behaves aggressively?	<input type="checkbox"/>		
How does your dog react to other dogs when it's off lead?					
Barks?	<input type="checkbox"/>	Jumps on them?	<input type="checkbox"/>	Get excited?	<input type="checkbox"/>
Ignores?	<input type="checkbox"/>	Behaves aggressively?	<input type="checkbox"/>		<input type="checkbox"/>
Have you ever felt the dog may pull you over?					
<b>Additional comments:</b>					
<b>Behaviour whilst travelling:</b>					
Is your dog happy travelling in the car?					
Where does your dog sit in the car?					
What public transport has your dog experienced?					
Bus	<input type="checkbox"/>	Train	<input type="checkbox"/>	Underground	<input type="checkbox"/>
Was your dog:					

# Medical Detection Dogs

Relaxed:	<input type="checkbox"/>	Stressed:	<input type="checkbox"/>	Unsettled:	<input type="checkbox"/>	Wary :	<input type="checkbox"/>	Barky:	<input type="checkbox"/>
----------	--------------------------	-----------	--------------------------	------------	--------------------------	-----------	--------------------------	--------	--------------------------

**Additional comments:**

### Obedience to Commands:

Please list below all the commands you use with your dog and for what purpose

Command	Purpose

### Recall:

Does your dog come to:   Voice            Whistle            Both

Always:	<input type="checkbox"/>	Usually:	<input type="checkbox"/>	Sometimes:	<input type="checkbox"/>	Never:	<input type="checkbox"/>
---------	--------------------------	----------	--------------------------	------------	--------------------------	--------	--------------------------

If your dog gets distracted on a recall, what would usually be the reason for this?

Playing with other dogs:	<input type="checkbox"/>	Hunting:	<input type="checkbox"/>	Sniffing:	<input type="checkbox"/>
--------------------------	--------------------------	----------	--------------------------	-----------	--------------------------

For responding to a recall command, what would be your dog's reward?

Praise:	<input type="checkbox"/>	Praise & food:	<input type="checkbox"/>	Praise & ball:	<input type="checkbox"/>
---------	--------------------------	----------------	--------------------------	----------------	--------------------------

Food:	<input type="checkbox"/>	Ball:	<input type="checkbox"/>	Nothing:	<input type="checkbox"/>
-------	--------------------------	-------	--------------------------	----------	--------------------------

**Additional comments:**



<b>Behaviour with Other Animals:</b>							
Which of the following has your dog encountered on or off lead?							
Cats:	<input type="checkbox"/>	Pigeons:	<input type="checkbox"/>	Horses:	<input type="checkbox"/>	Sheep:	<input type="checkbox"/>
Rabbits:	<input type="checkbox"/>	Swans/ Ducks:	<input type="checkbox"/>	Chickens:	<input type="checkbox"/>	Goats:	<input type="checkbox"/>
Other (specify):							
<b>Additional comments:</b>							
<b>Heelwork:</b>							
In assessing applicant owned dogs for suitability, we are very much focusing on whether your dog's personality and character is suited to being a future assistance dog and whether they have the aptitude to alert you via odour to a medical episode. Whilst this section asks questions in relation to your dog's heelwork, please do not worry if your dog's heelwork is not of a high standard, as poor heelwork or general poor obedience would not be a key reason why we may not proceed with a dog. In the main, obedience issues or challenges can be worked on with the support of our training scheme and would not be the sole reason why we would not proceed with an applicant owned dog.							
Does your dog walk to heel:							
On lead with a head collar:	<input type="checkbox"/>	On lead without a head collar:	<input type="checkbox"/>	Off lead:	<input type="checkbox"/>		
What equipment has your dog worn?							
Head collar:	<input type="checkbox"/>	Harness:	<input type="checkbox"/>	Coat:	<input type="checkbox"/>		
<b>Additional comments:</b>							
<b>ANY OTHER COMMENTS OR PROBLEMS?</b>							
Please describe:							

