**PUPPY PRESCHOOL PRE-CLASS QUESTIONNAIRE**

**Puppy’s first vaccination date: Book Sighted YES/NO**

**Household**

**Adults**:

Names …………………………. ……… ……………………………………………..

**Children**:

Names and Ages:

.…………………………………………………………………………... ... ... ... ... ... ...

………………………………………………………………………………………………

Who will be attending the class:

………………………………………………………………………………………………

If you have no children, does your puppy have contact with any children? Yes / No

**Other Pets**

**Dogs**: Yes / No How many:………….. Breed/s:…………………………..

**Cats:**  Yes / No How many:…………..

**Rabbits**: Yes / No How many:…… Free Range (sometimes / always)

Always caged

**Birds:** Yes / No How many…… Free Range (sometimes / always)

Always caged

**Any other pets:** Yes / No

Have you previously owned a dog? Yes / No

Is there someone home during the day with your dog (or does your dog go to work with

you)? …………………………………………………………………………………………….

What do you hope to get from Puppy Pre-school? ………………………………………….

…………………………………………………………………………………………………….

Do you approve of Rappaw taking and using photos of your puppy for facebook/

marketing purposes? Yes / No