

Date of Consultation:



# Park Pals Initial Consultation Form

## 1. About You

**Name:**

**Address:**

**Email:**

**Phone Number:**

**Emergency Contact (Name & Phone):**

**Preferred contact method(s):**  Email  Phone  Text

**Do you require any accommodations to support your participation?** *(e.g., public access, mobility, carpooling, sensory considerations, communication preferences — no medical details required)*

Yes  No

If yes, please describe briefly:

**What areas/locations would you like to see explored through Park Pals?**

**What goals or expectations would you like to achieve through Park Pals?**

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## 2. About Your Dog

Dog's Name:

Breed/Breed Mix:

Sex:  Male  Female

Neutered/Spayed:  Yes  No

Age:

Where did you obtain your dog?  Breeder  Rescue  Rehomed  Other:

Age when obtained:

Known history prior to ownership:

## 3. Behaviour & Social History

Park Pals will aim to accommodate dogs regardless of their history\*. We believe in creating a safe space for all in our communities. It is therefore imperative you complete the following section with complete honesty as this is essential for keeping our service users safe.

How does your dog behave around:

Other dogs:  Friendly  Unsure  Selective  Reactive  Fearful  Aggressive

Unfamiliar adults:  Comfortable  Unsure  Fearful  Reactive  Aggressive

Children:  Comfortable  Unsure  Fearful  Reactive  Aggressive

Has your dog ever shown any signs of:  Growling  Barking  Lunging  Snapping  Biting, towards another person (adult), even in play?  Yes  No

If yes, please describe:

Has your dog ever shown any signs of:  Growling  Barking  Lunging  Snapping  Biting, towards another person (child/teenager), even in play?  Yes  No

If yes, please describe:

Has your dog ever shown any signs of:  Growling  Barking  Lunging  Snapping  Biting, towards another person (child/teenager), even in play?  Yes  No

If yes, please describe:

Does your dog have any known triggers?  Bikes  Joggers  Traffic  Loud noises  Men/Women  Hats  Mobility aids  Other dogs  Children  Wildlife/livestock  Other:

Does your dog guard food, toys, space, or people?  Yes  No

Does your dog have a history of bolting/escaping?  Yes  No

How does your dog cope in busy public environments?

\*Disclaimer: Unfortunately, we cannot legally accommodate dogs subject to the Dangerous Dog Act 1991 or subject to a court order. By signing this document, you agree that your dog is not subject to either the Dangerous Dog Act 1991, nor subject to a court order, and is lawfully in your care.

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#### **4. Training Essentials**

**Has your dog attended training before?**  Yes  No

**What equipment do you currently use?**  Flat collar  Harness  Headcollar/Halti  Muzzle   
Standard lead  Long line  Martingale/E-Collar  Other (please specify)

**Is your dog muzzle trained?**  Yes  No

*Please note, dogs with a bite history are required to be muzzled using an appropriate muzzle for the duration of the Park Pals walks. This is for everyone's safety. If your dog is not currently muzzle-trained, advice will be provided.*

**Your main training goals:**

**Behaviours you want to address on these walks:**

**Anything else you would like me to know about your dog or household:**

#### **5. Children & Family Participation (If Applicable)**

**Name(s) and age(s) of child(ren) attending:**

Please note, all children under 12 must be accompanied by a designated adult who is separate from the dog handler unless otherwise agreed.

**Does the child require any accommodations?**

**How is your child around large dogs (e.g., Labrador sized or bigger)?**

**How is your child around smaller dogs (e.g., Spaniel sized or smaller)?**

Good Buoy Dog Training will take every precaution to accommodate your child(ren) and ensure all safeguarding procedures are adhered to but cannot assume responsibility for your child(ren). By signing this agreement, you confirm full responsibility for the safety and wellbeing of your child(ren). This includes any consideration for other dog handlers or service users.

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## **6. Consent & Agreements**

**Please confirm the following:**

- I confirm the information provided is accurate to the best of my knowledge.
- I understand that full and honest disclosure of behavioural concerns is essential for safety.
- I agree to follow all safety instructions during training sessions.
- I understand that children must be supervised by a parent/guardian at all times unless otherwise agreed in writing.
- I consent to Good Buoy Dog Training contacting my vet in an emergency.
- I understand that photos/videos will only be taken or used with my explicit consent.
- I have read, understood, and agree to the Terms & Conditions of Good Buoy Dog Training as laid out in the welcome package, including the Safeguarding Policy, Privacy Policy, and Park Pals Training Agreement.

### **Park Pals Community WhatsApp Group (Optional)**

As part of the Park Pals community, a WhatsApp group will be created for consenting participants aged 18 or over. This group will be used for:

- Announcements about upcoming Park Pals events
- Social conversation around training
- Organising meet-ups
- Sharing community updates

The group will be monitored. Confidentiality regarding other participants and their dogs must be respected at all times. Photos of your own dog(s) and friendly, inclusive conversation are welcome.

Offensive language, photos of minors, or any improper, unsafe, or inappropriate use of the group is strictly prohibited and may result in removal. By joining the group, you agree to use it in good faith and in line with these expectations.

**Would you like to be added to the WhatsApp group?**  Yes  No

**Signature:**

**Date:**