

# Joanne Soyke Nosework Problem Solving Seminar Questionnaire

*Please return this questionnaire with your registration for the Nosework Problem Solving Seminar.*

Handlers Name: \_\_\_\_\_

Dogs Name: \_\_\_\_\_

Dogs Age and Breed: \_\_\_\_\_

Is this dog reactive, fearful or aggressive (if so, please specify): \_\_\_\_\_

\_\_\_\_\_

Does this dog currently have any Nosework titles, if so what are they: \_\_\_\_\_

\_\_\_\_\_

Do you have Nosework titles on other dogs, if so what are they: \_\_\_\_\_

\_\_\_\_\_

What odors are your dogs currently working: \_\_\_\_\_

\_\_\_\_\_

Please list one or two problems that you would like help with at the seminar: \_\_\_\_\_

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