



Canine Behaviour Questionnaire

Client Information

Name _____

Address _____

Postcode _____

Telephone number _____

Email _____

Information About Your Dog

Dog's name _____

Breed _____

Sex Male Female

Age _____

Age when obtained _____

Neutered (yes or no) _____

If neutered, age at which neutered _____

Referring veterinary surgeon _____

How would you describe your dog's temperament?



Early history

Have you owned a dog before? _____

If so, what breed/s? _____

Where did you get your current dog from? _____

How many previous owners has your dog had? _____

Please describe any previous environments your dog has lived in, either at their breeders or in a previous home. For example; kennel, family home, farm, hand-reared, with other pets, with children etc.

If your dog came from a rescue organisation, how long were they there and what were the reasons for them being rehomed?

Why did you choose your dog, both as an individual and as a breed?

Medical history

Does your dog have any current health problems? _____

If so, please outline below.

Has your dog had any previous health problems? _____

If so, please outline below.

Is your dog given any medications, herbal remedies or food supplements? _____

If so, please outline below.

Home environment

Please list human household members including their ages and involvement with the dog concerned.

Name	Age	Involvement with your dog

Please outline anybody else who has involvement with your dog. Eg; walkers groomers pet sitters.

Name	Involvement with your dog

Please detail all other pets in the household:

Name	Species/Breed	Age	M/F	Neutered (Y/N)	Date Joined Household

Please describe the relationship between the pets in the household.

Daily Routine

How long is your dog typically left alone?

a) on a weekday _____

b) on the weekend _____

Do they settle when left alone?

Have you ever watched them on a camera while you have been out? _____

Where do they stay in the house when left alone?

Where do they sleep at night?

Do they ever wake you up at night? _____

If so, please detail below. (Number of times woken up, what for etc.)

Does your dog have access to toys? _____

What is your dog's favourite toy? _____

What is your dog's favourite game?

Does your dog have access to a garden? _____

Is this supervised or unsupervised? _____

Where does your dog tend to go to the toilet?

Does your dog follow any one particular person around the house? _____

If so, who? _____

Diet

What type and brand of food is your dog fed?

How much is your dog fed?

What times of day is your dog fed?

What type or brand of treats does your dog get?

When does your dog get treats?

Where is your dog fed?

Who feeds your dog?

Have you noticed any changes in the behaviour of your dog when you change their diet? _____

If so, please outline below.

Is your dog aggressive or possessive around food? If so please describe.

Exercise

How often is your dog walked?

How long is your dog walked for?

What equipment do you use to walk your dog? Eg; collar/harness/halti/muzzle/extending lead?

Does your dog have off lead walks? _____

If not, is there a reason for this?

Do you take treats on walks? _____

Do you take toys on walks? _____

Does your dog interact with other dogs? _____

If so, what do these interactions usually look like?

How does your dog behave in the car?

Training

Have you and your dog attended any training classes? _____

If so, what age was your dog when they attended classes? _____

What was your experience of any classes you have attended?

What overall training methods have been used with your dog? Eg; food rewards, lead corrections etc.

Please tick any of the following list of behaviours your dog can do on cue.

Go to their bed	
Stay on their bed	
Sit	
Down	
Wait/Stay	
Come	
Drop	

Does your dog pull on the lead? _____

What other tricks does your dog know?

Has your dog been seen by another behaviourist? _____

If so, what behaviour were you seeking help with and was it resolved?

Is this behaviour directed at one particular individual? _____

If so, who? _____

Who is usually present when the behaviour happens?

What is usually happening immediately before the behaviour occurs?

Please describe how you or others react or have reacted to the behaviour.

When did this behaviour first occur?

If you can remember, please describe the first incident – what was happening before, what the behaviour looked like and what happened immediately afterwards, your reaction etc.

Were there any changes in your dog's life around this time?

Has the frequency or severity of this behaviour increased, decreased or remained unchanged since it started? _____

Do you have, or have you had, other pets who also show, or have shown, this behaviour? _____

Have you tried any methods to resolve the behaviour? _____

If so, what methods have you tried? Or been advised to try?

Did they help, worsen or leave the behaviour unchanged? _____

What action or plans do you think may be necessary if the behaviour continues?

Other Behaviours

Does your dog ever display aggression? _____

If different from the behaviour of concern described above, please detail below.

How does your dog react to children, visitors and strangers?

How does your dog react to unfamiliar dogs?

Please describe any situations which you think may cause your dog anxiety. Eg; vet visits, traffic, loud noises, small spaces, grooming, nail clipping, touching, being reprimanded etc.



Rehabilitation

Please describe your expectations of behavioural therapy.

Please outline roughly how much time each household member is willing/able to dedicate to addressing the issues.
