

Our aim is to help you understand why your pet is exhibiting a certain behaviour and to address the problem using humane and scientifically proven treatment methods.

There is *always* a 'reason' for behaviour even if it is not necessarily obvious to us or appears maladaptive for the animal.

Therefore, the best treatment for unwanted behaviour requires working out the 'reason' and the underlying emotion involved; by working on these we can ultimately affect how an animal responds in a given situation.

How an animal behaves is influenced by its genetics, early life experiences and current living environment. These components interact in a way that is unique to that particular animal. Because of this complexity, understanding the *cause* of a problem can require some 'detective work' which this questionnaire helps as a starting place.

To assist us with this we require that you **complete and return this questionnaire at least ONE week prior to your consultation.**

We also ask that you send, or get your regular veterinarian to directly send, a **copy of your pets' medical history**. Ideally this will include a recent (within 3 months) physical examination and blood/urine test results.

***If blood/urinalysis results are not available prior to the consultation and medications are prescribed, we may advise you to perform these tests which can be done at our clinic or your regular vet**.*

Please answer as comprehensively as possible. Completing this questionnaire should ideally involve all of the pets' caregivers (interestingly we often see that family members can have a very different perception of what is happening!).

If you have any questions regarding the questionnaire please do not hesitate to contact us either by email or phone.

We look forward to working with you.

Dog Questionnaire

Patients name:

Date:

OWNER DETAILS:

Title:

First name:

Surname:

Address:

Phone number/s:

Email:

Who is your regular veterinarian? (if not us)

Contact details:

Who is your trainer/obedience club (if applicable)?

Are you currently attending? Y N

What is the best way to contact you?

Home phone

Mobile

Email

Other

PET DETAILS:

Name:

Breed:

Colour:

Age:

Weight:

Sex:

Desexed: Yes No

If Y – at what age was the surgery performed?

Were there any changes after desexing?

DOG'S BACKGROUND:

Where did you get this dog?

Why did you decide to acquire a dog?

Why did you choose this particular breed?

Why did you choose this particular dog?

How old was this dog when you acquired her/ him?

Do you have any information about littermate behaviour? (If yes please describe)

Did you meet your dog's parents? Mother: Father:

If Y please describe their personality:

Please describe your dog's personality as a puppy (e.g. happy; confident; timid):

Did this change over time and if so how?

Has this dog had previous owners? Yes No

If Y how many?

Why was the dog given up?

Have you owned dogs/other pets before? Yes No
 If Yes, what happened to them?

HOME ENVIRONMENT:

Please list ALL the people, including yourself, living in your household:

Name	Relationship to owner	Occupation	Hours away from home/day	Age
	SELF			

Who else has regular contact with the dog? E.g. Dog-walker, extended family, neighbours.

Please list ALL of the animals (including this dog) in your household and in the order they were obtained

	Name	Species E.g. dog, cat, bird.	Breed	Sex (M/F)	Desexed Y or N	Age
1						
2						
3						
4						
5						
6						
7						
8						

What is your dog's relationship to the other animals? (E.g. friendly, hostile, fearful) Please describe:

How would you describe **your** relationship with your dog?

How would you describe your dog's relationship with the other family members?
 Please describe:

Have you moved since acquiring your dog? Yes No

If Y how many times?

How long since the last move?

How did your dog respond to the move?

Has your household (people or animals) changed since acquiring your dog? Yes No
If Y please describe:

MEDICAL HISTORY:

Does your dog have any medical conditions? If yes, please explain.

Is your dog on any medication **currently** for any medical problems? Yes No
If Y please list all medications including dose and frequency, what they are for, and expected completion date:

Is your dog on parasite control? Yes No
Is your dog up to date with their vaccinations? Yes No

Is your dog on any medications **currently** for behavioural problems? Yes No
If Y please list all medications including dose and frequency, what they are for and if there has been any benefit:

Are you giving your dog any herbal treatments/supplements (Zylkene, Adaptil, Rescue Remedy, St John's Wort etc.) Yes No

If Y please list all medications including dose and frequency, what they are for and if there has been any benefit:

DIET AND FEEDING:

Who feeds the dog?

How does your dog respond to each person for the following requests?

(1) Poor/(2) Good /(3) Excellent

Person	Sit	Down	Recall	Heel	Give/Drop it	Stay

Does your dog know any tricks? Yes No Describe

REACTIVITY AND NOISES

How does your dog behave during thunderstorms?

Does your dog react to other noises? Eg Fireworks, Car, TV, Radio, other

How does your dog behave with **familiar** people?

How does your dog behave with **unfamiliar** people?

Does your dog like children? Yes No Please describe

Describe your dog's behaviour around **familiar** dogs (dogs you meet regularly at the park, on walks, at training)

Unfamiliar dogs (dogs you do not know or see rarely)

DEPARTURES

Where is your dog when he / she is alone in the house?

How long is the dog left alone on average (hours per day and per week)?

Do you have a video camera installed to monitor them when you are not home? Yes No

How does your dog react before it is left alone?

Does your dog display any behaviour problems when you leave it alone? Yes No Describe:

Does the behaviour differ depending on the length of time or time of day left alone? Yes No Describe:

Does the behaviour differ depending upon who is the last to leave? Yes No Describe

What is your dog's reaction to homecomings?

Has your dog been boarded or left at vets/friends? Yes No

Describe its reaction:

Have you ever left the dog alone in the car? Yes No

How does it react?

AGGRESSION (Answer N/A to the following if no aggression has been shown)

Has your pet ever displayed any aggression (threat, growling, barking, nipping, biting) towards:

Familiar People Yes No

Unfamiliar People Yes No

Familiar dogs Yes No

Unfamiliar dogs Yes No

Situations causing conflict:

Patting/Handling/Restraint

runs away barked/growled attempted to bite bitten no aggression

Eating food or treats

runs away barked/growled attempted to bite bitten no aggression

Chewing toys/stolen object

runs away barked/growled attempted to bite bitten no aggression

Waking up

runs away barked/growled attempted to bite bitten no aggression

Is aggression the primary reason for today's visit? Yes No

Has your dog bitten? Yes No

If Yes, how many times and did they break skin?

When was the most recent threat or bite attempt?

What happened?

Is the problem serious enough that you will be unable to keep your pet if it is not improved? Yes

No

Is your dog aggressive to visitors to your home? Yes No

If yes, were they known or strangers or both? Describe:

Is your dog aggressive to people when off your property? Yes No Describe:

Is there a particular person that your dog is likely to threaten or bite?

Is there a particular location or situation where aggression is most likely to occur?

Is your dog aggressive to other animals? Yes No Please Describe

If your dog displays aggression, how do you handle the situation and what is the dog's reaction?

After an incident, how do you handle the situation and what is the dog's reaction?

How would you describe your dog's attitude at the time of the aggression?

Describe your dog's expression and postures at immediately prior to and during the aggressive incident

PRESENTING PROBLEM(S):

What is the main behaviour problem or complaint?

Why is the behaviour a problem?

What do you think caused the problem?

When did you first notice it?

How frequently does the problem (or problems) occur? (I.e. how many times daily, weekly or monthly):

Has this problem changed in frequency? Yes No
If Y please describe?

Has this problem changed in intensity? Yes No
If Y please describe?

Does your dog have any other problem behaviours?

Please describe in detail the (main) problem.

Try to include as much detail as possible i.e. where it took place, time of day, who was present, what happened etc.

1. First incident: Date:

2. Latest incident: Date:

3. Second to last incident: Date:

Any other significant incidents:

What have you tried to stop the problem and what was the reaction of your dog?

Was it successful?

Anything make it worse?

What are your goals for treatment?

WHICH OF THESE STATEMENTS APPLY TO YOU:

I am here only out of curiosity; the problem is not serious;

I would like to change the problem, but it is not serious;

The problem is serious. I would like to change it, but if it remains unchanged that is alright;

The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog;

The problem is very serious and I would like to change it. If it remains unchanged I will have my dog euthanized or have to give him/her up.

Owner signature:

Date:

First name:

THANK YOU FOR YOUR TIME IN FILLING OUT THIS QUESTIONNAIRE