**Canine Behaviour Questionnaire**

**Thank you for taking the time to read and complete this form. Please include as much information as possible, adding additional sheets if needed. If you have any videos of your dog’s behaviour, please also send these (large smartphone videos can be sent via WhatsApp to the number above). If any section is not relevant to your dog, please feel free to mark as N/A.**

**Please return the completed questionnaire to** **info@petbehaviourpractice.co.uk**

**A. Owner Details**

Name:

Address (inc. postcode):

Phone: Home: Mobile 1: Mobile 2:

Email:

**Referring Vet**

Vet’s Name: Practice:

Address:

Referral form attached: Y/N If no, permission to request referral and history: Y/N

**Animal Details**

Name: Age/DOB: Age when obtained:

Where did you get them from?

Reason for obtaining them:

Breed:

Sex: Male/Female Neutered: Y/N Have they ever been used for breeding? Y/N

Weight: kg

Have you owned a dog before? Y/N Have you owned this breed before? Y/N

Please list other current household pets:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species/breed | Name | Age | Neutered | Relationship to dog (avoids/plays/fights) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please list other people living at home:

|  |  |  |
| --- | --- | --- |
| Name | Age (optional) | Relationship to you |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

How would you describe your dog’s personality?

Do you consider them (please underline):

Aggressive Destructive Nervous Hyperactive Excitable Excessively noisy

Depressed Attention seeking Playful Disobedient

**B. The current problem:**

1. In your own words what is the current problem?
2. Please describe three incidents of the behaviour in as much detail as you can remember. (e.g. where and when it was it? What was your dog doing just before? What were any family members, pets and other people/dogs doing just before e.g. were they interacting with your dog? Were there any objects involved (e.g. the dog’s bed or a toy)? We are trying to find out what might have triggered it. What was your dog’s behaviour and body language before during and after? How did you react each time?)
	1. The first incident
	2. The most recent
	3. One other incident
3. When did it begin (date and age)?
4. Where does the problem occur?
5. With whom?
6. How often (times per day/week/month or year)?
7. What is your reaction when they behave this way?
8. What has been done to correct the problem?
9. Is the problem getting worse, better or not changing?
10. Do you suspect a cause?
11. Are there any other behaviours your dog engages in which are objectionable to you? Please describe.

**C. Medical History:**

Please provide a very brief medical history, especially recurrent problems:

Date of last vaccination:

Date of last wormed:

Please list any medication your dog regularly receives (including vet treatments, dietary supplements, herbal or homeopathic remedies):

|  |  |
| --- | --- |
| Medication/remedy | Dose |
|  |  |
|  |  |
|  |  |

Has your dog been on medication for his/her behaviour in the past?

|  |  |
| --- | --- |
| Medication/remedy | Dose |
|  |  |
|  |  |
|  |  |

Has your dog seen a behaviourist/trainer for his/her behaviour in the past?

If yes please give details (approx. date, reason, treatment prescribed and response):

**D. Early history:**

Please give details of your dog’s early life e.g. litter size, raised indoors or out, age weaned, if hand reared or stray:

How was your dog housetrained?

How did you react to mistakes in housetraining?

Training and obedience:

Did your dog attend puppy parties?

Did you dog attend training classes?

How did your dog do in class?

What training techniques have you used with your dog?

Do you think your dog is good, average or poor at learning?

What cues/commands/tricks can your dog reliably do? (e.g. sit, stay, lie, fetch, come, drop, paw)

Does your dog pull on the lead?

Is your dog more obedient in some placed than others? If yes, where?

Is your dog more obedient with some people than others? If so who?

How do you correct your dog if they misbehave?

**E. Diet and feeding**

1. What types of food (and brands) do you feed your dog?

2. How much and at what time do you feed your dog?

3. Where are they fed?

4. Is he/she fed meals from bowls or feeding toys (please list)?

5. Who feeds the dog?

6. Is the dog protective (stiffening, growling, snapping or biting) around food? Y/N

7. Is his/her appetite good or poor?

8. Does your dog eat quickly or slowly?

9. What are his/her favourite foods?

10. How much does your dog drink each day?

11. Do you add supplements or titbits to the diet? Y/N. If yes, what and why?

12. Is he/she given bones/chews?

Is he/she possessive over these?

**F. Daily Activities:**

1. Where does your dog sleep during the day and at night?
2. What time does your dog get up in the morning?
3. Does your dog ever wake you at night, and if so how often?
4. When does your dog go outside and for how long?
5. Is he/she free to roam in the garden?
6. Is you dog keen to roam on their own?
7. Where does your dog go to the toilet?
8. Does your dog spot mark urine, if so where?
9. How often does he/she empty their bladder approximately?
10. How often does he/she empty their bowels?
11. What sort of exercise (daily walks, toilet trips, training, agility etc) does your dog get?

|  |  |  |  |
| --- | --- | --- | --- |
| Type | On or off lead? | Duration | Frequency (per day/week/month) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Who takes them for exercise?
2. Is there specific time devoted to play/training on a daily basis?
3. Does your dog play games with family members?
4. What do they play and who initiates it?
5. How long is your dog typically alone for each day?
6. Where does the dog stay when home alone?
7. What do they do as you prepare to depart?
8. When you are not home, do they:
	1. Vocalise
	2. House soil
	3. Engage in destructive behaviours at home?
9. If yes to (19) how long after leaving does each behaviour start?
10. If yes to (19) is it when one specific person leaves or only if completely alone?
11. Where does your dog go when you are on holiday?
12. Has there been any changes to the family routine recently? Please describe.
13. What type of home to you have (flat, house, rural, town)
14. What areas of the house does you dog have access to?

**G. Interactions with others**

1. Please fill in this table if there any aggression when being handled by family members (this can include: growling, showing teeth, lunging, nipping, snapping or biting).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Adult owner 1 | Adult owner 2 | Child | Other |
| Handling/grooming |  |  |  |  |
| Petting/hugging |  |  |  |  |
| When resting |  |  |  |  |
| Disciplining |  |  |  |  |
| Walking on lead |  |  |  |  |
| Taking food away |  |  |  |  |
| Taking other objects |  |  |  |  |

2. How does your dog behave when visitors come to the house (barking? door charging?)

3. Please describe your dog’s reaction to each of the following:

|  |  |  |
| --- | --- | --- |
|  | At home | Outside |
| Familiar men |  |  |
| Familiar women |  |  |
| Familiar children |  |  |
| Unknown men |  |  |
| Unknown women |  |  |
| Unknown children |  |  |
| Familiar dogs |  |  |
| Unknown dogs |  |  |
| Other animals |  |  |
| Crowds |  |  |

4. Is your dog’s behaviour different on lead to off lead?

5. Has your dog every shown aggression towards anyone (growling, snarling, snapping or biting)?

If yes please describe:

6. Does your dog every show inappropriate mounting behaviour? If yes to whom or what?

7. Is your dog protective over parts of his/her body? If yes, where?

8. Does your dog chew/lick themselves more than you would expect?

**H. You and your dog:**

1. How would you describe your relationship with your dog?

Adult owner 1:

Adult owner 2:

Other:

1. Does his/her behaviour cause arguments at home?
2. Ideally how would you like your dog to be?
3. Under what circumstances would you consider euthanasia?
4. What is your expectation for change?
5. Is there anything else you would like to add?

Questionnaire completed by: Date: