

Canine behaviour questionnaire

Date:

Owner details

(Mr/Mrs/Miss/Ms) Surname/Family name:

First name or Initials:

Address:

.....

.....

..... Postcode:

Phone (day)..... (evening).....

(mobile)..... Email.....

Are you covered by a pet insurance policy? If so, please give details:.....

Please include as much information as possible. The more detail available, the more accurate our assessment of the case can be. Please use additional sheets where necessary.

Have you owned a dog before? Yes No

Have you owned this breed of dog before? Yes No

Have you owned other pets previously? Yes No

Please list other current household pets

Type and breed	Name	Age	Spayed/neutered?	Relationship with dog (e.g. avoids, plays, fights)

Please list the names, ages and occupations of other family members who live at home

Name	Age	Occupation

Patient details

Name Breed

Sex Male Female Male neutered Female spayed

Date of birth..... Age when obtained (if known)

Microchip no..... Microchip location.....

Date first acquired..... Source

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Reason(s) for obtaining this dog

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Has the dog ever been used for breeding? Yes No If yes, at what age?.....

How would you describe your dog's personality?.....

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Do you consider your dog to be:

- Aggressive? (growling, snarling, snapping, nipping or biting in any circumstances)
 Destructive? Hyperactive/restless? Disobedient? Housetrained?
 Nervous? Excitable? Noisy/excessive vocalization?
 Depressed? Demanding attention? Playful?

Medical history

1. Please give a brief medical history, especially recurrent problems and treatment. Use an extra sheet if necessary.....

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2. Vaccination status.....

3. Date last wormed.....

4. Is your dog currently on any regular medications (such as allergy medication, heartworm treatment, herbal or homeopathic remedies)?

Drug/remedy	Dose

5. Has your dog been on medication for their behaviour in the past?

Drug/remedy	Dose

6. Is your dog on any medication for their behaviour now?

If yes, please list name and dosage (include herbals and homeopathics)

Drug/remedy	Dose

Early history

1. Please give details of the dog's early life, if known, including litter size, age of weaning, age when obtained, whether raised outside or indoors, if orphan or stray, whether hand-reared, etc.

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2. How much interaction did the puppy have with people in the first year of its life?.....
3. What method of housetraining was used?.....
4. How did you react to any mistakes during housetraining?.....
5. Did your puppy attend puppy 'parties' or classes? If so, please give details.....

Training and obedience

1. Has your dog ever attended training classes? Yes No
2. If Yes, please give details (when, where, age of dog, who took it to the class).....
3. What types of training techniques were used in the class?.....
4. What training methods have you used?.....
5. How well did your dog do in the class? Very well Average Poor Was asked to leave
If asked to leave, please say why.....
6. Do you think your dog is Good, Average or Poor at learning? Good Average Poor
7. What tasks will the dog reliably perform for you on command?
 Sit Stay Down Fetch Other.....
8. Does your dog do 'tricks' (such as shake, rollover)?.....
9. Does your dog pull when on the lead? Yes No
10. Is your dog more obedient in some places than in others? Yes No
If Yes, please give details.....
11. Is your dog more obedient with some people than with others? Yes No
If Yes, please give details.....
12. How do you correct your dog when they misbehave?.....

Diet and feeding

1. What types of food (and brands) do you give your dog?.....
2. How much does your dog eat a day?.....
3. When and where is the dog fed? (how often and at what time).....
4. If there is more than one dog in the home, how many food bowls are provided?.....
Where are the food bowls situated?.....
5. Who feeds the dog?.....
6. Is the dog protective (stiffening, growling, snapping or biting) around the food? Yes No
If Yes, please give details.....
7. Is their appetite Good or Poor? Good Poor
8. Does your dog eat Quickly or Slowly? Quickly Slowly
9. What are their favourite foods?.....
10. Do you have to be present for them to eat? Yes No
11. How much does your dog drink each day (in pints or litres)?.....
12. Do you add supplements or titbits to the diet? Yes No
If yes, what and why?.....
13. Is your dog given bones or chews?.....
Are they possessive with these?.....
14. Do you consider your dog to be at the correct weight? Yes No
Please fill in your dog's weight.....

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Daily activities

Sleeping and waking

1. Where does your dog sleep?
2. If your dog sleeps on the bed, who invites them up?
3. When does the dog get up in the morning?
4. Does your dog ever wake you at night? Yes No
 If yes, how often and why?

Going outside

5. When does your dog go outside and for how long?
6. How does your dog ask to go outside?
7. Do they roam free in a garden or yard?
8. What type of fencing is used to restrain the dog?
9. Is your dog keen to explore when on its own?

Toileting

10. Where does your dog tend to go to the toilet?
11. Does your dog spot mark with small amounts of urine? Yes No
 If so, where?
12. How often does your dog empty their bladder in a day?
13. How frequently do they empty their bowels?

Exercise

14. What sort of exercise (e.g. walking on/off lead, running off lead, agility training) does your dog receive and how much?

Type	Purpose	Amount	Frequency

15. Who takes the dog for exercise?

Play/training

16. Is there any specific time devoted to play and/or training on a daily basis? Yes No
17. Does your dog play games with you or other family members? Yes No
 If Yes, please give details
18. Who initiates play: people or the pet?
19. What types of toys does your dog play with?

'Home alone'

20. Is your dog left home alone in the house?
21. Where does the dog stay during the day when no one is home?
22. What do they do as you prepare to depart?
23. Does your dog ever bark or whine when you leave? Yes No
24. Does your dog ever vocalize, toilet, or engage in destructive behaviour while you are gone?
25. Typically, how long is your dog alone without people on any given day?
26. What arrangements are made for your dog when you go on holiday?

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Family routine

27. What does your dog do during family meals?.....
28. Has there been a change in your household routine (e.g. new work hours, new baby, moving, new roommate or visitors, boarding, diet change)? Yes No
- If Yes, please give details.....

Favourite things

Please list 5 things your dog enjoys most; these may be foods, toys or activities

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Interaction with family members

The home environment

1. What type of home do you have (e.g. flat/apartment, house)?.....
2. What areas of the house does your dog have access to?.....
3. Where does your dog sleep at night?.....
4. Do they have their own bed?.....

Reaction to handling by family members

5. Is there aggression in the following circumstances? This can include growling, snarling (showing teeth), lunging, nipping, snapping or biting. Please fill in the chart: (Y=Yes, N=No, N/A=doesn't apply).
If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising)

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				

Interaction with others

Reaction to visitors

1. How does your dog behave when visitors come to the house (e.g. barking, door charging)?.....
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2. Is the behaviour different toward familiar and unfamiliar people? Yes No
If yes, describe.....
3. Is the behaviour different toward people outside the house and people inside the house? Yes No
If yes, describe.....
4. Does your dog display aggression (growling, snarling, snapping or biting) to visitors to your home? Yes No
If yes, describe.....
5. Has your dog ever bitten or attacked anyone? Yes No

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6. Please fill in details of any regular visitors to the home

Name (if known)	Purpose	Time and days	Dog's reaction

7. What is the dog's response to other visitors?

Frequent visitors	Occasional visitors	Rare visitors

Reactions to other people

8. Please describe your dog's reaction to each of the following:

	In the home	Out of the home
Familiar men		
Familiar women		
Familiar children		
Unknown men		
Unknown women		
Unknown children		
Familiar dogs		
Unknown dogs		
Other animals		
Crowds/busy areas		

Reactions to other animals

9. What is the reaction to other dogs when out at exercise?

On a lead

Free exercise

10. What is the reaction to other animals, e.g. squirrels, unfamiliar cats?

.....

Other behaviours

1. Does your dog ever show inappropriate mounting or other sexual activity? [] Yes [] No

If so, to whom or what?

2. Is your dog ever protective over parts of their body (especially ears and feet)? [] Yes [] No

If yes, which regions?

3. Does your dog lick or chew on themselves more than you would expect? [] Yes [] No

The current problem

1. What current problem(s) are you having with your dog? Please give a brief description.....

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